

GENERAL HEADQUARTERS
SUPREME COMMANDER for the ALLIED POWERS
PUBLIC HEALTH and WELFARE SECTION

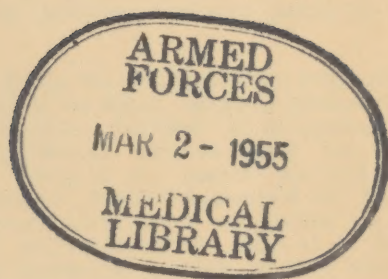


Public Health and Welfare
in
Japan

Annual Summary — 1950

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Supreme Commander for The
Allied Powers, Public Health
and Welfare Section



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Public Health and Welfare in Japan - 1950

-- Foreword --

This is the third in a series of summaries containing information on the progress of the Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers, in accomplishing the health and welfare objectives of the Occupation mission.

The first summary covered the period from the beginning of the Occupation through December 1948, in addition to statistical and historical data compiled from nationwide surveys. The second summary was devoted to the calendar year 1949, but likewise included additional statistical and historical data from surveys completed during the year.

This third publication covers the calendar year 1950 and contains further information on those programs discussed in the two previous summaries. Included as an appendix are tables containing statistical data on public health and welfare activities. Many of the charts and tables appearing in the 1949 summary are not reproduced in the 1950 publication. However, statistical and other significant data for 1950 not contained in chart or table form are included in the narrative portion of this summary. The reader, for purposes of comparative analysis, may refer to the two previous publications for necessary background information.

VOLUME I

INDEX TO CONTENTS

Chapter 1

	<u>Page</u>
ORGANIZATIONAL CHANGES.	1
The Public Health and Welfare Section.	1
Ministry of Welfare.	1

Chapter 2

PREVENTIVE MEDICINE	3
Health Centers	3
Health Center Activities	3
Health Center Sanitary Teams	5
Budget	5
Health Center Publicity.	6
Plans for 1951	6
Communicable Disease Control	6
Smallpox	6
Epidemic Typhus Fever.	6
Murine Typhus Fever.	8
Scrub Typhus - Tsutsugamushi Fever	9
Diphtheria	9
Cholera.	9
Dysentery.	10
Typhoid and Paratyphoid Fever.	10
Malaria.	10
Japanese B Encephalitis.	11
Scarlet Fever.	11
Epidemic Meningitis.	11
Pertussis.	12
Plague	12
Tuberculosis	12
Venereal Disease	15
Sanitation	16
Sanitation Legislation	16
Personnel Training	16
Insect and Rodent Control.	16
Water Supplies	17
Waste Disposal	17
Port Quarantine.	17
Laboratories in Japan.	18
The Public Health Laboratory Program	18
Biologic Laboratory Program.	19

Public Health and Welfare in Japan - 1950

PREVENTIVE MEDICINE (Continued)	Page
National Drug, Medical Device, and Cosmetic Assay Program .	21
Antibiotics Program	22
National Institute of Health.	23
National Hygienic Laboratory.	23
The Institute of Public Health (IPH).	23
Public Health and Welfare Information and Education	25
Information Program	25
The School Health Program	25
Reduction in Death Rate	26
Increase in Life Expectancy	26

Chapter 3

HEALTH AND WELFARE STATISTICS	27
Tabulating Equipment.	27
Exchange of Vital Statistics Schedules.	27
Exchange of Morbidity Schedules	28
Welfare Report Forms.	28
Revision of Epidemiological Case Card	28
International List of Causes of Death	29
Life Tables	29
Medical Care Surveys.	29
Cost of Living Survey	30
Census of Physicians and Dentists	30
Revision of Monthly Hospital Report	30
Pregnancy Registrations	30
Historical Study of Tuberculosis.	31
Establishment of Record Reviewing Unit.	31
Coordination Council of Health and Welfare Statistics	31
Council on Health and Welfare Statistics.	31
Council on Vital Registrations to the Office of The Attorney General	32
Nutrition Survey.	32
Diseases Reported	32
Declaration and Schedule Forms.	32
Training Programs	32
In-Service Training	33
Manual for Physicians on Health Statistics.	33
Teaching Manual for Health Statistics in The Institute of Public Health	33
Work Flow Studies	34
Coding Causes of Death.	34
Institute of Population Problems.	34
Local Registration Affairs.	34
Completeness of Registration of Births, Deaths, and Stillbirths	34

Chapter 4

MEDICAL CARE	35
Medical Education	35

Public Health and Welfare in Japan - 1950

MEDICAL CARE (Continued)	Page
Medical Licensure	35
Hospital Administration	35
School of Hospital Administration	36
National Leaders	36
Dental Affairs	37
Separation of the Practices of Medicine, Dentistry and Pharmacy	37
Projects - 1951	38

Chapter 5

NURSING ACTIVITIES	39
The Nursing Section, Ministry of Welfare	39
Japanese Nurses Association	39
The Nursing Law	39
Nursing Education	40
Demonstration Schools	40
Refresher Courses	40
Textbooks	40
Study Abroad	40

Chapter 6

VETERINARY AFFAIRS	41
The Japan Veterinary Medical Association	41
Veterinary Education	41
Control of Animal Diseases	42
Veterinary Pharmaceuticals and Biologicals	43
Veterinary Research	43
Veterinary Practice	44
Meat, Milk, Seafood and Food Inspection	45
Meat Inspection	45
Milk Inspection	45
Seafood Inspection	46
Food Inspection	46

Chapter 7

WELFARE	49
Public Assistance	49
The Child Welfare Program	51
Specialized Schools of Social Work	52
Social Work Education and Training	53
Disaster Relief	55
Program for Disabled Persons	55
Workshops	55
Community Chest	56
Japanese Red Cross	57
Disaster Relief	57
First Aid	57
Water Safety	58
Medical Services	58
Nursing Activities	58
Volunteer Services	58
Junior Red Cross	59

Public Health and Welfare in Japan - 1950

WELFARE (Continued)	Page
Housing.	60
Livelihood Cooperatives.	60
Licensed Agencies for Relief in Asia (LARA).	61
Cooperative for American Remittance to Europe and the Far East (CARE).	62
UNICEF Program	63
Cooperation from United Nations Social Activities Division . .	63

Chapter 8

SOCIAL SECURITY	65
Program Trends	65
Report of Advisory Council on Social Security.	65
International Relations.	66
Legislation.	67
Administration	67
Field Operations	69

Chapter 9

NATIONAL PARKS.	73
-------------------------	----

Chapter 10

NUTRITION	75
Nutrition Survey	75
Education and Training	75
School Lunch Program	75
United Nations Food and Agriculture Organization (UNFAO) . . .	77

Chapter 11

SUPPLY.	79
Program Stabilization.	79
Pharmaceutical and Medical Supply Industries	80
Quality Control.	80
Production of Medical Supplies	81
Streptomycin	81
Penicillin	83
Biologics.	83
Para-Aminosalicylic Acid (PAS)	84
TB-1	85
Medical and Surgical Instruments	85
Textile Sanitary Materials	85
Insect and Rodent Control Supplies	86
Imports and Exports.	87
Decontrol of Critical Materials.	88
Law for the Control of Poisonous and Powerful Agents	89
Foreign Investment Law	89
National Board of Pharmacy	90
National Pharmacists Examination	90
Practice of Pharmacy	90

Public Health and Welfare in Japan - 1950

SUPPLY (Continued)	Page
Pharmaceutical Education	91
Interchange of Persons	91
Counterpart Fund for Tuberculosis Control.	92
Ministry of Welfare Budget	92

Chapter 12

NARCOTICS	95
Administration	95
Narcotic Addiction	95
Illicit Traffic.	96
Arrests and Convictions.	97
International Cooperation.	98

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APPENDIX.	99
Index to Contents.	103
Index to Tables.	107
Index to Charts.	111
Alphabetical Index by Subject to Statistical Tables.	403

Public Health and Welfare in Japan - 1950

INDEX TO CHARTS

<u>Chart:</u>	<u>Page</u>
1. Table of Organization - Class B Health Center.	7
2. Whooping Cough - Japan, 1947-1950.	13
3. Death Rates from Tuberculosis According to Age: Japan, 1920-1943, 1947-1950.	14
4. Preliminary Statement of Social Insurance Contributions. .	71
5. Nutrition Levels, Calories per Person - Japan, 1946-1950 .	76

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Chapter 1

ORGANIZATIONAL CHANGES

The Public Health and Welfare Section

There were no major changes in the Section organization during 1950. Of minor significance, the Virus and Rickettsial Disease Control Branch in the Preventive Medicine Division was abolished as was the Social Work Training Branch in the Welfare Division. However, the residual functions of these two branches were absorbed by other personnel within the respective divisions.

The Supreme Commander for the Allied Powers - American Red Cross (SCAP-ARC) agreement providing for the utilization of ARC personnel in organizing a democratic Japanese Red Cross society terminated on 31 March 1950, thus eliminating the necessity of an ARC-JRC liaison representative in the Section. It was determined that the American Red Cross had fulfilled their basic mission in providing assistance to SCAP in the reorganization of the Japanese Red Cross.

During the year personnel losses, requiring readjustments in assignments, resulted in the Venereal Disease Control Branch, Preventive Medicine Division, being changed to the Communicable Disease Branch. In the Welfare Division, the Administrative and Public Assistance Branch was changed to the Public Assistance and Child Welfare Services Branch, and the Welfare Rehabilitation and Organization Branch changed to the Welfare Administration and Organization Branch.

Ministry of Welfare

Only minor changes occurred in the Ministry of Welfare during 1950. In the Social Affairs Bureau the Supply Section was renamed the Institution Section, while in the General Affairs Section of the Minister's Secretariat an Information Sub-Section was established to plan, coordinate, and execute the Public Health and Welfare Information Program.

Chapter 2

PREVENTIVE MEDICINE

Health Centers

In accordance with the health center expansion program for Japan, fifteen additional health centers were established by the end of the calendar year 1950, bringing the total number of active health centers to 704. Of this total number of health centers, 150 were designated "Class A" and 554 as "Class C."

Health Center Activities

A marked improvement in the activities of the health centers was noted during the year due in part to the following factors: (1) increased number of health centers together with resultant addition of facilities and staff personnel; (2) improvement of facilities (building and equipment) of the older established health centers; (3) better utilization of personnel who had received training at the Institute of Public Health and under the in-service training program conducted by model health centers; (4) continued training programs for health center personnel; (5) increased activity and strengthening of the Health Education Division; and, (6) gradual mounting confidence of the people in the services offered and performed by health centers.

The following table numerically summarizes the activities of some of the more important services conducted by the health centers of Japan during the calendar year of 1950.

Health Consultations

Total	5,505,774
Tuberculosis	2,035,495
Venereal Disease	773,598
Dental Diseases	140,610

Treatment

Total	2,408,343
Tuberculosis (Pneumothorax)	442,139
Venereal Disease	650,982

Home Visits by Public Health Nurses

Total	1,738,885
Tuberculosis	799,701
Venereal Disease	64,545

Public Health and Welfare in Japan - 1950

Nutrition Consultations

Total	1,297,427
Tuberculosis	376,048
Training Classes (Sessions)	11,806
Persons Attending (Sessions)	763,677

Medical Social Service Consultations 941,161

Mass Examinations

Total	12,385,753
Tuberculosis	8,779,649
Venereal Disease	664,438
Dental	537,229

Immunizations

Total - All Types Offered	27,411,893
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Communicable Disease Control

Case Finding Inspections	186,946
Control Instructions	2,839,791

Environmental Sanitation

Sanitary Inspections (No. of Persons Days)	297,953
Sanitary Teams Activities (No. of Team Days)	264,509
No. of Places Inspected	2,297,141

Food and Milk Sanitation

No. of Places Inspected by Food Inspectors	3,232,720
No. of Places Scored by Milk Inspectors	210,454
No. of Slaughtered Animals Inspected	1,473,796

Laboratory Activities

Biological Examinations	5,801,306
Serological Examinations (Total)	1,919,064
Food Examinations	91,387
Water Examinations	129,311

Health Education Activities

Courses, Meetings, etc.	77,976
Persons in Attendance	17,300,000
Printed Matter (Kinds)	28,032
Number Printed	18,118,010 (Daily Newspaper Articles not in- cluded)

Public Health and Welfare in Japan - 1950

Medical Students Given Field Training	10,589
Student Public Health Nurses Given Field Training	9,802

Health Center Sanitary Teams

Although sanitary teams are an integral part of the health center organization, the budget for support of the sanitary teams, food sanitation, insect and rodent control and other environmental sanitation activities is supplied by the Environmental Sanitation Division of the Ministry of Welfare and is not included in the Health Center budget. It is appropriate therefore, to describe the organizations and functions of the sanitation division of the health center.

The environmental sanitation division of the health center is planning to have three trained inspectors, (Nearly two per health center were provided for in the 1950 budget) who work under the direction of the chief of the sanitation section. The inspectors work in the health center district which is usually divided, on a population basis, in two parts, an area for each inspector of approximately 60,000 population. There were 1295 inspectors authorized during 1950. The basic functions of these inspectors remain unchanged from 1949.

In 1950 sanitary teams (2512) were organized on a basis of 1 per 13,000 in towns and cities of over 13,000 population. They were assigned areas within the health center district and operated under the supervision and direction of the health center even though they were in some cases attached to cities and towns for administrative purposes. Each team consisted of six men, one assistant inspector, one foreman and four laborers. The teams operated at full strength during the summer period, April through September, but were reduced to two members during the winter phase of the sanitation program. The national government provided in the Equalization Grant, approximately 57% of the total funds allocated for insect and rodent control to meet the cost of the sanitary teams program. The cities and towns which organized sanitary teams coordinated with health centers on their plan of operation and daily supervision.

In addition to the sanitary teams, assistant environmental sanitary inspectors were assigned to rural areas which did not include municipalities of 13,000 and above. One assistant inspector was assigned for each 10,000 population to initiate and supervise local sanitation programs. Some 4486 assistant inspectors were maintained in the various towns and villages and were organized, trained and directed by the sanitation sections of the health centers.

Budget

The national health center budget for the fiscal year (April 1950-March 1951) amounted to ¥ 793,762,000 for operations and ¥ 316,702,000 for construction of new buildings and purchase of new equipment. The manner in which this budget was distributed to the prefectures and cities remained the same as for the previous year.

Health Center Publicity

The activities of the health centers received rather wide-spread publicity in 1950 through the various media of transmission of information at national and local levels. Such publicity included special releases on information pertaining to the health center as a whole, as well as releases concerning the separate services offered by health centers. The general information program contributed in a large measure to the increase in popularity and success of the health center program in Japan during the year.

Plans for 1951

Plans for the further expansion and improvement of health center activities during 1951 include the reclassification of health centers as Class A, Class B, and Class C, and establishment of twenty new health centers, bringing the total to 724. In accordance with these plans the 1951 budget for health center activities is as follows:

180 Class A Health Centers	-	300	tsubo in size	-	61	staff
60 Class B Health Centers	-	225	tsubo in size	-	54	staff
484 Class C Health Centers	-	150	tsubo in size	-	35	staff

A "Class B" health center will be established in each of the 46 prefectures and in the five larger cities of Japan. Further distribution is under discussion. The approved budget for the period April 1951 - March 1952 includes ¥ 941,856,000 for operational expenses and ¥ 146,144,000 for construction of new buildings and purchase of new equipment. (Ref Chart 1).

Communicable Disease Control

Smallpox

As a result of the revaccination campaign initiated in 1949, by early 1950 nearly the entire population of Japan had been revaccinated. The protection afforded by this revaccination, together with more effective exclusion of illegal entrants, contributed toward an outstanding reduction of smallpox. In 1950 only five cases were reported, all of which were either in smugglers or returnees from Korea, or of questionable diagnosis. This represents the lowest number of cases reported for any year during the period for which records are available (since 1920).

Epidemic Typhus Fever

Outbreaks of typhus fever were reported from several localities in Japan during the early part of 1950, with the preponderance of cases occurring chiefly among the vagrant population concentrated in the Tokyo-Yokohama area (Tokyo 233 cases and Yokohama 423 cases). Other outbreaks of sizeable proportions occurred in the prefectures of Hokkaido (117), Hyogo (32) and Gumma (24), many cases of which were traced back to contacts with cases originating in Tokyo or Yokohama. Twenty-four

TABLE OF ORGANIZATION CLASS B HEALTH CENTER

ORGANIZATION			PERSONNEL												TOTAL
DIRECTOR* (PHYSICIAN)	SECTIONS	DIVISIONS	PHYSICIANS	DENTISTS	DENTAL HYGIENISTS	PUBLIC HEALTH NURSES	MIDWIVES	VETERINARIANS	SANITARIANS	PHARMACISTS	NUTRITIONISTS	X-RAY TECHNICIANS	NON-PROFESSIONAL EMPLOYEES		
	GENERAL AFFAIRS	ADMINISTRATIVE AFFAIRS	1*											5	6
		MEDICAL AFFAIRS												2	2
		PHARMACEUTICAL AFFAIRS							1						1
	SANITATION	ENVIRONMENTAL SANITATION							3						3
		SANITARY TEAMS**													
		FOOD AND ANIMAL DISEASE CONTROL							1	2					3
	HEALTH PROMOTION AND PREVENTION	COMMUNICABLE DISEASES CONTROL	1											2	3
		TUBERCULOSIS CONTROL	2									1		3	6
		VENEREAL DISEASE CONTROL	1										1	1	2
		PREVENTION													0
		MATERNITY & CHILD HYGIENE	1				1								2
	PUBLIC HEALTH SERVICES	DENTAL HYGIENE		1	1										2
NUTRITION														2	
HEALTH EDUCATION											1		1	2	
PUBLIC HEALTH STATISTICS		1											1	1	
PUBLIC HEALTH NURSING						13							3	4	
TOTAL	MEDICAL SOCIAL SERVICE												1	13	
	LABORATORIES	1											1	1	
			8	1	1	13	1	1	5	2	1	1	20	54	
* * AS ASSIGNED															

Public Health and Welfare in Japan - 1950

of the forty-six prefectures of Japan reported scattered cases of the disease with a total of 938 being reported for the year. The peak month was February in which 476 cases occurred. No confirmed cases were reported during the months of August, September and November, with negligible numbers of cases reported for October (2) and December (2). The overall rate for Japan was 1.1 per 100,000 population.

Through routine staff visits to all regions of Japan, prefectural and local public health officials were advised to make early plans for the execution of intensive typhus preventive measures to begin not later than 1 October 1950 in a concerted attempt to forestall possible outbreaks of the disease during the typhus season of 1950 - 1951. Emphasis was placed on the necessity for louse control and immunization programs among vagrants, migratory day laborers, and fishermen, in which groups the highest incidence of typhus fever occurred. Public health officials were also advised to rely primarily on the control of lice and fleas in their programs through extensive use of 10% DDT powder in that typhus vaccine supplies for use in Japan were limited because of the situation which had developed in Korea.

Methods for the control and prevention of spread of outbreaks of typhus which occurred from January to June 1950 included periodic "roundups" of vagrants, particularly in Tokyo and Yokohama, administration of typhus vaccine, and dusting the clothing of all such individuals. Quarantine of "vagrant" hotels and dormitories in which typhus cases appeared assisted in prevention of spread; day laborers, before they could be hired for work were required to receive a complete course of immunization and to be dusted with 10% DDT dust. In an outbreak among fishermen in Hokkaido, the Hakodate dusting station at the port was reactivated and all persons leaving the island for Honshu were required to be deloused. Health officials in Honshu cooperated by requiring that all fishermen before leaving Honshu for Hokkaido be immunized and dusted. Other small outbreaks subsided following the application of standard control methods.

Aureomycin and chloromycetin were used whenever possible with dramatic results in the treatment of typhus fever cases.

In an effort to prevent a repetition of typhus outbreaks in the early months of 1951, the majority of prefectures instituted preventive measures in October 1950 while others began their campaigns as early as September. Vagrant "roundups" were resumed in the large cities and smaller communities were encouraged to do likewise.

Information concerning lice, fleas, and typhus released to the public, through all media of transmission at national and local levels played an important part in preventing the spread of typhus fever. Information activities were intensified during the latter part of 1950.

Murine Typhus Fever

Reports from the National Institute of Health indicate that during the period January to December 1950, approximately 6% of the serum samples taken from the suspect cases of typhus fever reported in Japan were of the murine type, while 8% were of an undetermined intermediate type.

Public Health and Welfare in Japan - 1950

A research project designed to again determine the relationship between murine and epidemic typhus fevers was submitted jointly by the National Institute of Health and the School of Medicine, Tokyo University, work to begin on 21 January 1951.

Scrub Typhus - Tsutsugamushi Fever

Tsutsugamushi Fever (scrub typhus) was made a reportable disease in Japan in 1950 which may account for the increase in incidence over that of 1949. Cases were predominant in the prefectures of Niigata (96), Akita (3) and Yamagata (2). Although rickettsial organisms have been isolated from certain species of mites and rodents along the lower slopes of Mt. Fuji in Shizuoka Prefecture, no confirmed cases among persons living in this area have been reported.

Field studies on the ground control of mites were undertaken in Niigata prefecture during the summer months. New miticides developed in the United States were utilized in these studies with promising results. These studies will be continued in the spring of 1951 with modifications in applications of material.

Aureomycin and chloromycetin were both successfully used in the treatment of cases of scrub typhus whenever possible. Word as to the effectiveness of these drugs in the treatment of scrub-typhus fever spread rapidly through the population so that the disease is no longer feared by persons who must work in the known infected areas which undoubtedly accounts, in part, for the increase in incidence.

It is hoped that through the scientific use of effective materials in the ground control of mites, and by the impregnation of clothing of persons exposed to mite attacks, the incidence of scrub typhus will be reduced to a low level in 1951.

Diphtheria

The rapid decline in the diphtheria rate which characterized the first three years of the Occupation was somewhat arrested in 1949. From the institution of the re-assay program in December 1948 until the latter part of 1950, diphtheria toxoid was not available in quantities which would permit proper coverage of the population. This probably influenced the diphtheria rate correspondingly. The toxoid is now again available. The 1949 rate of 18.0 declined to 15.0 per 100,000 population per annum in 1950.

Cholera

There has been no cholera in Japan since 1946. Port authorities are alert to possible introduction of this disease and adequate stocks of vaccine are maintained to initiate local immunization programs if required, and to perform routine inoculation of persons traveling to foreign countries.

Dysentery

The rise of the dysentery rate during 1949 continued during 1950. Early in 1950 efforts to increase the activities of sanitary and epidemiological teams were intensified. Refresher courses were given in all health centers. Nevertheless, the increased incidence persisted, particularly in the Kanto area. Various contributing factors have been suggested: - abolition of close supervision by military Civil Affairs Teams, more plentiful food, decontrol of many food products, reopening of restaurants, and increased sulfa resistance of dysentery organisms. (99% of reported cases are bacillary). As a positive additional method of control experimental studies with a new type of dysentery vaccine are planned for the next two years.

During the year 49,740 cases of dysentery were reported. The rate was 59.5/100,000 per annum.

Typhoid and Para-Typhoid

In contrast with dysentery the typhoid and paratyphoid case rates have continued to decline and reached a new (combined) low of 7.8 per 100,000 in 1950. This can be attributed primarily to the continued immunization program. During 1950 approximately 50,000,000 inoculations with typhoid-paratyphoid vaccine were performed.

An interesting controversial question seems to have been settled in the last three years. The drop in dysentery and typhoid-paratyphoid rates had paralleled each other during the years 1945 to 1948 inclusive. The question of the efficacy of typhoid-paratyphoid vaccine in the reduction of typhoid vs the influence of environmental sanitation has been a controversial question of long standing.

Due to budgetary cuts requiring relaxation in the environmental sanitation program, there has been a corresponding rise in dysentery rates for 1949 and 1950. However, during this period the typhoid-paratyphoid rates have continued to drop. It would therefore appear that the evidence is conclusive that the typhoid-paratyphoid immunizations have been the effective and primary factor in reducing the incidence of these diseases in the face of a retrogression in sanitary standards.

Malaria

A remarkable drop took place in the number of reported cases of malaria for 1950. This was due to local programs for elimination of mosquito breeding places, the application of insecticides and larvicides, as well as more accurate diagnosis, especially in Shiga prefecture where the number of cases dropped from 2,200 in 1949 to 292 in 1950. The (1017) cases occurring in Japan, with the exception of those occurring in Shiga prefecture, were widely scattered. The 1950 rate was 1.2 per 100,000 population.

Japanese B Encephalitis

During the year 5,182 cases were reported. This is to be compared with 259 in 1947; 7,208 in 1948; and 1,284 in 1949. The interesting aspect of the 1950 epidemic was that it occurred two years after the last previous epidemic and in each of these epidemic years Tokyo was one of the focal points. The only other large epidemics of record occurred in 1924 (6,125 cases) and in 1935 (5,307 cases).

The age distribution of cases occurring in Tokyo during the first decade of life is of interest. In 1948, 58.1% of the cases occurred in the 1 - 10 year age group. In the same year 32.9% of the total cases were in the 6 - 10 year age group. In 1950, 63.4% of the cases occurred in the 0 - 9 year age group (this age group is the same as the 1 - 10 year age group of 1948, due to the change in the method of designating age.) In 1950, 32.3% of the total were in the 5 - 9 year age group. The significance of this predilection for the second half of the first decade of life is not clear but casts considerable doubt on the thesis that there was any carry-over of immunity during the two year inter-epidemic period.

The epidemic in 1950, as in previous years, was preceded by a period of high temperature and high vapour pressure. Attempts to correlate the epidemic with any specific weather factor have failed, for similar conditions are recorded for non-epidemic years.

The 1950 epidemic started almost simultaneously in the Kanto and Kyushu Regions. (In 1948 it was in Kanto and Tokai). In both years it spread rapidly to the rest of the country excepting the northern regions. In 1950 there were no cases in Hokkaido and in 1948 there were only seven cases.

During the year Army investigators studied the biting habits of the mosquitoes and found that the Culex tritaeniorhynchus was most active about two weeks before the peak of the epidemic and that its biting activity curve is almost exactly parallel with the onset curve of the epidemic. This is particularly interesting as the virus has frequently been isolated from this mosquito.

Scarlet Fever

In 1950 there were 5,133 cases of scarlet fever reported as compared with 4,667 cases in 1949. Ordinary communicable disease control measures (including hospitalization) are utilized in the control of this disease. The rate of 6.1 per 100,000 is low as compared with most temperate zone countries.

Epidemic Meningitis

During the year 1,192 cases were reported as compared with 1,467 cases in 1949. Compulsory hospitalization was probably a large factor in reducing the rate to 1.4 per 100,000.

Pertussis

The 122,733 cases of whooping cough (pertussis) reported in 1950 represent a slight decrease from the 126,827 cases reported in the previous year. The rate of 146.9 per 100,000 is considered high and since pertussis vaccine is now available in sufficient quantities it is planned to effect the immunization of all infants in the coming year. (Ref Chart 2).

Plague

Plague has not been reported in Japan during the past 20 years. Present plague prevention measures consist of the inspection of ships and their fumigation if rodents are present, and the routine catching and examination of rats in the harbor areas of seaports. None of the rats examined were found plague infected. Special precautions are taken with ships and cargo arriving from known plague infected ports.

Tuberculosis

In 1950 statistics again show a fall in all forms of tuberculosis death rate from 167.2 per 100,000 in 1949 to 145.4 per 100,000 in 1950. When studied by age group, especially has there been a definite drop in that group between birth and 30 years of age, as a result of various factors among which is the effect of the BCG vaccination program. The mortality rate for this age group was 115.4/100,000 deaths, while those for "30 and over" the mortality rate was 195.7/100,000 in 1950. The deaths from tuberculosis (all forms) in 1950 were 122,099; in 1949 there were 138,113 deaths. (Ref Chart 3).

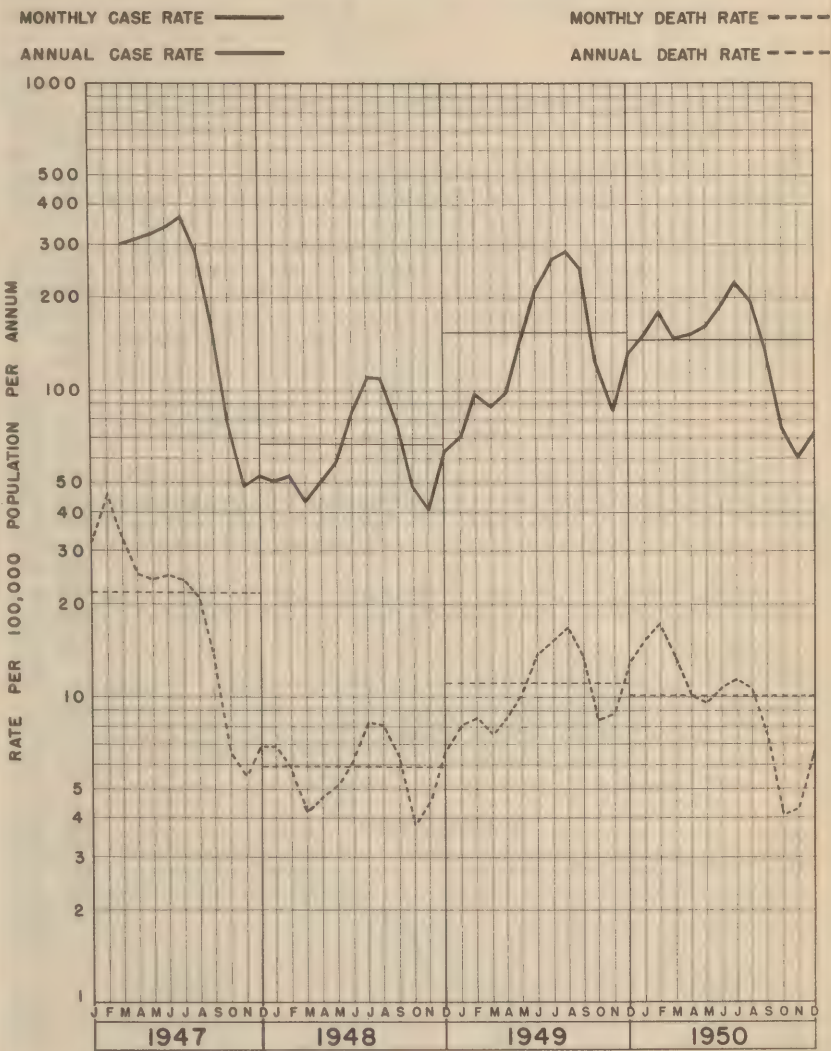
These figures show the lowest mortality rates for tuberculosis in these age groups in Japan at any recorded time.

The BCG vaccination program has been extended to include all age groups from birth to 30 years of age and it has also included all persons over the latter age whose tuberculin reaction is negative and who volunteered to be vaccinated. However, a delay in production of dry vaccine which now replaces the old liquid vaccine, resulted in slow development of the program in the year 1950 so that its activities will necessarily be extended into 1951.

There has been an increase in the rated tuberculosis bed capacity from 77,257 in 1949 to 101,158 beds in 1950 with an average bed occupancy rate (all tuberculosis beds) increasing from 83.9 in 1949 to 94.5 in 1950. Despite this increase there are waiting lists, particularly early cases, as a result of the change in the attitude of the majority of the Japanese people toward hospitalization, plus a wide-spread educational program in tuberculosis control, and the availability of streptomycin in the national and prefectural hospitals and sanatoria.

In the year 1950, there were 528,324 cases reported with a morbidity rate of 632.2. This is an increase in the number of cases reported and an increase in morbidity rate for this year. In 1949 there were 469,504 cases reported with a morbidity rate of 571.2.

WHOOPING COUGH: JAPAN, 1947-1950



(2) PH&W/HS CHART NO. 8-326 28-2-1951

Chart 2

DEATH RATES FOR TUBERCULOSIS ACCORDING TO AGE: JAPAN, 1920-1943, 1947-1950

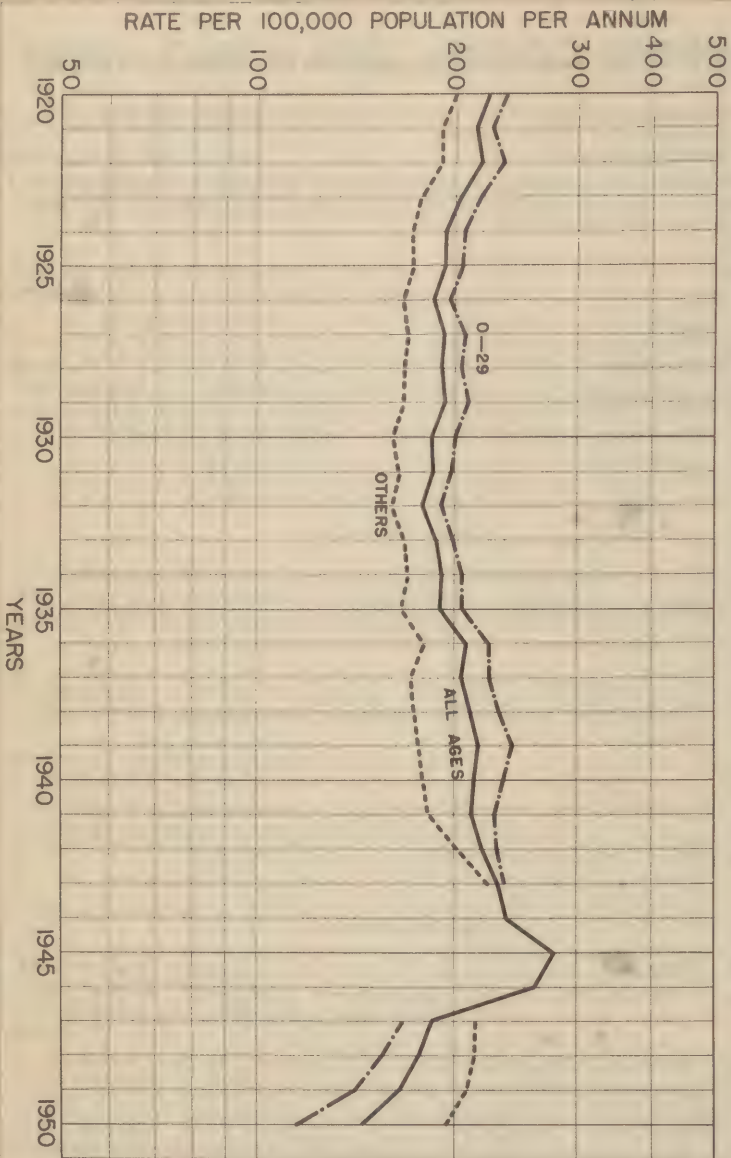


Chart 3

During the summer of 1950 it was possible to increase the food ration of tuberculosis patients who were being treated at home. This has stimulated the reporting of cases of tuberculosis with an increase in the number of reported cases.

The Japanese people are accepting the diagnosis of tuberculosis and the medical profession is able to make this diagnosis with more freedom and frequency.

Licenses for the production of PAS, (Para-amino-salicylic acid) were issued to Japanese manufacturers in 1950, and its production was begun in April. Production of PAS steadily increased during the balance of the year. It has been widely used in combination with streptomycin, but has not yet reached the production level where the cost price makes it easily available to meet the demand. No PAS was imported during 1950, though a small amount was available early in the year from a shipment remaining from importation in the year 1949.

Instruction in isolation technique in the home by the public health nurse was accelerated during the year 1950 because of a limited hospital bed space.

Staff visits to each prefecture were made for educational purposes to emphasize the basic principles in tuberculosis control, of early case finding, early diagnosis, early hospitalization, and early prevention with BCG vaccine.

Much publicity has been given the subject of tuberculosis control during the past year by means of radio, cinema and popular articles.

Plans are being made to further reduce both morbidity and mortality rates by use of the preventive BCG vaccine in all individuals between birth and thirty years of age and to encourage the treatment of tuberculosis by the use of the newer drugs, PAS and streptomycin, thus reducing the total morbidity rate in all age groups.

Venereal Disease

A marked reduction occurred in the total venereal disease rate for 1950. Rates for all specific diseases were lower but the most remarkable drop was in syphilis, which fell from 229.0 to 145.3 per 100,000. Early in 1950 recommendations were made to treat all cases of early syphilis with penicillin. How much of the decline was due to this or possibly the use of penicillin for other complaints is not clear.

Due to the modern methods of treatment introduced into venereal disease therapy many of the venereal disease hospitals have had so few in-patients that they have been operating essentially as clinics.

During the year the results of contact tracing improved as health officials began to understand the methods better.

Publicity by means of radio broadcasts, press releases, as well as the more personalized methods of pamphlets, posters and lectures continued during the year.

Public Health and Welfare in Japan - 1950

Statistically, the total venereal disease rate was 377.9/100,000, approximately 20% lower than that of the previous year (477.0).

Sanitation

Sanitation Legislation

Old and out-dated laws pertaining to environmental sanitation have been under study for revision by administrative and professional groups of the Japanese government. An advancement was made by an amendment to the Infectious Disease Law which directed the completion of preventive medicine practices recommended for the control of insect borne diseases. Other laws were amended to provide responsibility, authority and enforcement of sanitation measures by the environmental sanitation inspector of the health center. Drafts of a general sanitation law and a stream pollution law are being studied while a sanitary code is also in the process of development to include the entire field of environmental sanitation.

Personnel Training

Short courses of three months each at the Institute of Public Health, Tokyo, were continued during 1950 and at the close of the year a grand total of 141 sanitary engineers and 672 sanitarians had received this training. Regional and prefectural in-service training programs were likewise continued.

Separate tours by four national leaders was sponsored by the Supreme Commander for the Allied Powers in 1950 for 90-day visits to the United States to observe and study improvements in environmental sanitation. One student was approved to complete a one-year training course at Johns Hopkins University for special development of the sanitary engineering field in Japan.

Insect and Rodent Control

Special emphasis on the insect and rodent control program in 1950 was continued to further reduce mosquitoes through the elimination of breeding places, the use of larvicide and the extermination of adult mosquitoes in dwellings and animal shelters. The Ministry of Welfare and the Ministry of Agriculture and Forestry officials jointly sponsored a program to spray all animal barns with 5% DDT, residual effect in an effort to reduce the numbers of the adult mosquito population. DDT residual spraying and an extensive information and education program were very effective in the largest endemic malaria area in Japan, Shiga Prefecture. Anti-typhus measures included the spraying of transportation facilities and dusting, particularly vagrants, with insecticide powder. A widespread program of spraying and dusting public establishments and private premises with DDT insecticidal solutions and powder were carried out throughout the year. Rodent surveys and rodent campaigns were a part of community sanitation programs. Two clean-up weeks, sponsored by the Ministry of Welfare, were observed in every prefecture of Japan, one during April and the second during

October.

Water Supplies

New construction, extension and repair of water supply systems were continued during 1950. Some 228 municipalities obtained a Japanese Government loan or a local loan for water improvements. These loans amounted to nearly five billion yen which was an increase of 57% over 1949 for water developments. An invaluable reference was prepared and issued by the Ministry of Welfare, for their first issue of "Standard Methods for the Examination of Drinking Water." One water engineer attended the American Water Works Association annual convention in Philadelphia 21 - 26 May 1950. Further study by national groups is being continued on a recently enacted draft of a stream pollution law.

Waste Disposal

Experimental studies by a sanitation committee representing educational and professional fields, resulted in a recommendation that vacuum pump equipment mounted on a small truck or auto-tricycle be used to remove night soil from pit privies especially where narrow streets and alleys are common. In Tokyo alone, 21,000 koku (approximately 1 million gallons) must be removed each day, of which 90% is used for fertilizer. Other studies are being continued on night soil digestion tanks. Due to water shortages flush type lavatories, using waste water from the kitchen, have been adopted by Tokyo officials with nearly 15,000 individual units installed in 1950. Some 64 municipalities obtained national or local loans for improvements to sewage collection systems. These loans amounted to almost one billion yen which was a 66% increase over 1949. Two engineers, Japanese national leaders, attended the annual convention of the American Federation of Sewage Works Associations, 9 - 12 October, Washington, D. C.

Port Quarantine

There were no changes during 1950 in the number or location of designated ports of entry for surface vessels and aircraft. One additional quarantine station was established at Tokyo to assist in the quarantine processing of vessels entering at Yokohama.

Vermis were exterminated by cyanide fumigation on 204 foreign and 729 Japanese vessels, and by sulphur fumigation on 9 Japanese vessels. Certificates of Deratization were issued according to International Sanitary Convention procedure. Certificates of Exemption from Deratization were issued to 258 foreign and 169 Japanese vessels which, upon inspection, were found to be free from vermin.

A total of 2,887 rats were caught by quarantine station personnel in port areas. Laboratory examination for plague infection was performed on 2,641 rats but all were found to be free of infection.

Liaison was maintained throughout the year with the Epidemiological Intelligence Station, Singapore, to which all quarantinable diseases occurring in port cities of Japan were reported weekly.

Public Health and Welfare in Japan - 1950

Broadcasts from Singapore of the World Health Organization Weekly Health Intelligence Bulletins were received and rebroadcast regularly. Additional special reports were made weekly by radio of all epidemics having international significance, including the outbreaks of louse-borne typhus and the high incidence of influenza.

Upon the outbreak of hostilities in Korea, special measures were adopted to insure prompt quarantine processing by health center personnel or quarantine stations, of illegal entrants from Korea apprehended by the police or put ashore in custody of sea patrols. During the latter half of 1950 these measures effectively reduced to a minimum the dangers of importing epidemic diseases.

Quarantine regulations and procedures were revised and consolidated with customs and immigration directives by the publication of SCAP Circular 3 of 3 February 1950, "Control of Entry and Exit of Individuals, Cargo, Aircraft, and Surface Vessels into and from Japan." The Japanese Government undertook a complete revision of its quarantine laws to incorporate in them the provisions of Sanitary Conventions and bring them into accord with present inter-national procedures and requirements.

Laboratories in Japan

The Public Health Laboratory Program

Training courses were conducted at the Institute of Public Health for personnel of prefectural public health laboratories, as follows:

Course Subject Matter	No. of Courses	Length of Courses	No. of Students
Bacteriology, Serology			
Parasitology	1	3 Months	68
Clinical Microscopy			
Pathology	1	2 Months	29
Chemical Examination	2	2 Months	50
Laboratory Directors			
Orientation	1	2 Weeks	46

Organized "on-the-job" training courses were conducted by some prefectural laboratories for the personnel of health center laboratories, of the respective prefectures.

All training courses conducted in 1950 emphasized the use of "Standard Methods for Laboratory Analysis." These methods were drawn up for the first time in Japan in 1949 by specially appointed Standard Methods Committee. At the close of 1950 these methods were in use in the majority of the prefectural and health center laboratories throughout Japan. As a result, the quality of work performed showed a marked improvement.

Using "Standard Methods" as a basis, the National Institute of Health began checking the accuracy and efficiency of the work performed by some prefectural health department laboratories. Such "check-testing" in 1950 was conducted on a very small scale and was intended as a

as a "trial-run" for a large scale check-test of all prefectural laboratories scheduled to begin in April 1951. Results received from the preliminary program in 1950 were encouraging both from the standpoint of quality of work done by the laboratories concerned and from the enthusiasm of the laboratories and personnel to cooperate in the program.

The year 1950 may well be considered as an interim period in the growth and development of the public health laboratory program. Standard methods were enlarged upon and revised. A draft of the proposed public health laboratory law will be ready for presentation to the National Diet early in 1951. This proposed law defines a public health laboratory in its broadest sense, states the principles for a public health laboratory system, and is intended to stimulate improvement in the quality of work performed not only in health department and health center laboratories but in hospitals, commercial diagnostic, and commercial food and chemical laboratories as well.

Biologic Laboratory Program

The smoothness of operation of the biologic laboratory program during 1950 indicates that it is considered to be a permanent program receiving full support from both producers and governmental agencies concerned. During the year there occurred two violations of the law and regulations pertaining to the manufacture of biologics. A licensed producer was responsible for one of these while a laboratory of a University not licensed for the production of biologics was responsible for the other. The enthusiasm with which the Biologic Producers Association and governmental agencies proceeded to take action against the violators is indicative of the success of the program.

The outbreak of the Korean war necessitated procurement of large quantities of typhus, cholera, typhoid, and smallpox vaccines from Japan for the protection of the Korean civilian population. All demands of this unexpected program were met without seriously interfering with the supply of biologics required for maintenance of established Japanese vaccination programs.

By mid-summer 1950 the quality of biologics being submitted for assay in the bulk state had improved to the point where it was possible to discontinue the required bulk assay of all products at the National Institute of Health except for diphtheria toxoid and BCG vaccine, (Dried). The assay failure rate for the year 1950 for all products was 15.2%.

Financial conditions of biologic producers improved immensely during 1950. As a result there has been a decided improvement in manufacturing equipment and facilities. Every biologics laboratory now in operation is modern and to some extent air conditioned. Some laboratories are entirely air conditioned, while in others air conditioning may be limited to filling rooms and/or sterile rooms used for planting and harvesting. All laboratories now have automatic temperature recording devices for incubators, autoclaves, cold rooms, and in some cases for processing equipment.

The number of re-licensed manufacturers increased from 14 at the beginning of 1950 to 41 at the close of the year. Minimum requirements

Public Health and Welfare in Japan - 1950

have been revised and are in use officially or unofficially for the production of all products. Packaging of biologics was improved. All products except smallpox and BCG vaccine are now in clear glass ampules equivalent in quality to US Type II glass, and are stoppered with rubber stoppers and aluminum tamper-proof seals.

The year 1950 saw the commercial marketing of dried human blood plasma, citrated human whole blood, indirect blood transfusion sets, and blood grouping sera for the first time in Japan. All of these products are covered by appropriate minimum requirements, are of good quality, and were becoming available in increasing quantities at the close of the year. Equipment for the irradiation of human blood plasma of equivalent quality to that in use in the United States was in the final stages of commercial development.

Sufficient quantities of typhoid, typhus, smallpox, cholera, pertussis, and BCG vaccines, diphtheria toxoid, and tuberculin have been on hand for the conduct of immunization programs during 1950. All of these items with the possible exception of diphtheria toxoid are of excellent quality and equivalent to those products manufactured in other modern countries of the world. Diphtheria toxoid has improved in quality during the past year, but as yet cannot be classed as an outstanding product. Serious efforts have been made to improve the quality of tetanus toxoid, diphtheria and tetanus antitoxin, and rabies vaccine. Results of these efforts should be definitely known by mid-year 1951.

The Biologics Producers Association has taken a leading role in the development of the biologics program. Although pressed for time because of a very heavy production schedule, this group has continued regular business and technical meetings, formed special research committees for investigating specific problems, planned the publication of a monthly Journal of Biologic Products with the first issue to appear in January 1951, and has contributed valuable suggestions which have not only improved the biologics program but the quality of product as well.

Combined efforts of the National Institute of Health and the Biologics Section, Ministry of Welfare, the Biologics Producers Association and individual manufacturers, in all phases, have raised the biologics program of Japan to one of the foremost in the world.

Considerable time was spent in the improvement of the quality of diagnostic reagents and in drawing up standards for their licensing and production. For the first time in Japan standards for the quality of syphilitic antigens have been adopted. These will be published early in 1951.

A summary of the biologic program with respect to materials submitted for assay and the results of assay for 1950 follow:

Public Health and Welfare in Japan - 1950

Biologic Product	No. Lot Samples Received	Total No. Lots Pass- ing Assay	Total No. Lots Fail- ing Assay	Total No. Lots De- cided	No. Lots in Pro- cess of Assay
Typhoid-Paratyphoid Vaccine	2906	1979	250	2229	680
Typhus Vaccine	458	258	63	321	137
Diphtheria Toxoid	2728	1683	205	1888	840
Tetanus Antitoxin	105	111	7	118	0
Diphtheria Antitoxin	104	98	0	98	16
Smallpox Vaccine	401	246	56	302	99
Cholera Vaccine	329	248	7	255	74
BCG Vaccine (Dried)	1684	779	377	1156	528
Tuberculin OT	531	383	22	405	126
BCG Vaccine Diluent	361	235	46	281	80
Pertussis Vaccine	350	177	9	186	164
Influenza Vaccine	22	5	24	29	0
Tetanus Toxoid	73	4	62	66	7
	10052	6206	1128	7334	2751*

*Figures reflect carry-overs between years.

National Drug, Medical Device and Cosmetic Assay Program

Fifteen months have been spent in planning and organizing an assay program for the purpose of determining by laboratory analysis the quality of drugs (including narcotics), medical devices and cosmetics produced by Japanese manufacturers. Without prior warning to manufacturers, government inspectors entered all manufacturing plants in Japan during April 1950 and collected an appropriate volume of samples of all items of stock. These samples were immediately delivered to the National Hygienic Laboratory in Tokyo for assay. Approximately 14,000 samples, excluding narcotics, were collected. Except for some 50 samples of indefinite chemical composition, the assay of all samples was completed in exactly 20 weeks. The assay failure rate for these analyses was 13.7%. Standards used for assay were from the Japan Pharmacopoeia, the National Formulary, the Japan Industrial Society, and the Japan Dental Materials Association. In certain cases standards in use in the United States were employed (Toilet Goods Manufacturers Association, and the U. S. Pharmacopoeia). The quality of individual items as determined by assay varied greatly. In many cases all samples of an item would pass assay, and in others all samples of an item would fail.

Seven hundred forty manufacturers produced products which failed to pass assay. Only 17 analyses were contested by producers and in 15 of these cases the National Hygienic Laboratory analysis had been correct. Administrative action was taken by the Japanese Government against all producers found to be producing inferior products or who were otherwise violating the laws and regulations controlling the production and quality of these items. The severity of offense or reason for failure to pass assay was considered in each case. Penalties administered were divided into two categories: (1) suspension

Public Health and Welfare in Japan - 1950

of the sale of the specific product concerned until the manufacturer could produce a product meeting standards, and (2) suspension of plant operations for periods varying from 1 day to 60 days. All producers in the latter category were automatically placed in a category (1) when business operations were permitted to be resumed.

An assay program designed for category (1) manufacturers initiated as a follow-up of the program described above has been in progress since 1 August 1950. At the close of 1950 the assay failure rate for this program was 2.8%.

In addition to the above programs the National Hygienic Laboratory has continued to assay all items of drugs, medical devices or foods exported during 1950.

Antibiotics Program

Progress made in the efficiency of penicillin production and the efficiency of operation now is believed to approach that of U. S. producers. Streptomycin production was started, however, the scale of operation is presently small. Two firms are in the final stages of negotiating production license agreements with an American firm. Major emphasis has been placed upon the development of units for subdividing and filling bulk streptomycin and dihydro-streptomycin imported from the United States.

Aureomycin and Chloromycetin have not been placed in actual production but ample supplies are available as the result of importation. All antibiotics whether locally produced or imported are assayed at the National Institute of Health before they are placed on sale. In this regard all existing Japanese regulations were revised. A new general regulation and new minimum requirements for penicillin, streptomycin, dihydro-streptomycin, aureomycin, chloromycetin, and terramycin were adopted. In each case requirements are equivalent to those of the United States.

National Institute of Health

The reorganization of the National Institute of Health, begun early in 1949, was completed and functioning smoothly and efficiently at the close of 1950. The increased assay load (biologics and antibiotics) was handled exceptionally well and rapidly.

In addition, the National Institute of Health has revised and written new regulations and minimum requirements for the biologics and antibiotics programs. It is also technically responsible for the public health laboratory program and the Standard Methods Committee. Thus, it has instituted a program for "check-testing" the efficiency and accuracy of prefecture health department laboratories and was active in the activities of the Standard Methods Committee. Six additional methods were added to "Standard Methods of Laboratory Analysis" and several existing methods were revised.

Public Health and Welfare in Japan - 1950

The fifth annual survey of the proficiency of serologic tests for syphilis was conducted using cardiolipin antigens with very good results. On the basis of this survey the use of cardiolipin antigen in the conduct of certain tests will be adopted in 1951.

The research division of the National Institute of Health engaged in a wide variety of projects. One of these included a comparison of the effectiveness of aureomycin and chlormycetin on a large-scale during a typhus fever outbreak which occurred in Yokohama, Japan in the spring of 1950. The results of this study, when published, should prove to be a valuable contribution to antibiotic therapy. Other noteworthy projects included Japanese B encephalitis, typhus and scrub typhus fevers, molluscoides, virus type epidemic diarrhea, and antibiotic research. Plans are being made for the large field evaluation in 1951 of a new type of Shigella dysentery vaccine developed by an American worker.

National Hygienic Laboratory

During 1950 the entire affairs of the National Hygienic Laboratory have been concerned with the conduct of the national drug, medical device and cosmetic programs. The laboratory performed approximately 20,000 individual sample assays during the year, including the chemical assay of foods to be imported or to be exported. Some physical remodeling of facilities were accomplished during 1950 including the construction of a new air conditioned pyrogen test laboratory. The National Hygienic Laboratory has done an excellent job during the past year in improving the quality of drugs, medical devices and cosmetics produced in Japan by means of actual laboratory analysis and by drawing up standards of quality for many products for which such standards had not previously been established.

Further details in regard to the biologic, antibiotics and drug programs with reference to production, supply and distribution, refer to Chapter 11, Supply.

The Institute of Public Health (IPH)

The Institute of Public Health continues to be practically the only place in Japan available for the post-graduate training of public health personnel. During 1950 the program of instruction followed along the lines proposed when the Institute was reorganized in 1947. Short courses lasting from two to four months were given for the various categories of personnel needed to staff the expanding public health organization and the health centers. Also, a regular course lasting nine months was offered to a small group of medical officers to give more complete instruction in public health subjects. During 1950, 1,154 persons were trained in these courses; since reorganization of the Institute in April 1947, 3,468 persons have received instruction.

Public Health and Welfare in Japan - 1950

TRAINING COURSES AT THE INSTITUTE OF PUBLIC HEALTH, TOKYO

Course	Duration	Courses Completed in 1950		Courses Completed since Reorganization	
		No.	Graduates	No.	Graduates
Medical Health Officers	9 Mos	1	8	1	8
Medical Health Officers	3 Mos	4	156	14	557
Sanatarians	3 Mos	4	219	14	674
Sanitary Engineers	3 Mos	1	14	6	141
Public Health Nurses	4 Mos	3	180	11	617
Veterinarians	2 Mos	4	170	12	519
Nutritionists	2 Mos	4	154	10	400
Public Health Statisticians	2 Mos	2	106	2	106
Pharmacists	2 Mos	0	0	5	215
Public Health Laboratory					
Chemists	2 Mos	2	50	4	105
Microbiologists	3 Mos	2	68	3	97
Clinical Microscopists	2 Mos	1	29	1	29
Totals		28	1154	83	3468

In addition to the above, two special short courses were held during 1950. One of these, of two weeks duration, was to acquaint the directors of prefectural health department laboratories with new standard methods recently adopted. The other was a one-week course held under the auspices of the Department of Public Health Demography to train physicians in methods of contraception so that such services can be provided in the marriage consultation offices authorized to be established in health centers. Fifty doctors attended the course.

Principal changes in the program at the Institute of Public Health during 1950 were the inauguration of a series of two-month courses for public health statisticians and the institution of new courses for training technicians from prefectural health department laboratories. Previously the Statistics and Investigation Division of the Ministry of Welfare had conducted briefer courses of training for public health statisticians and the National Institute of Health had been responsible for the instruction of the prefectural laboratory workers.

A grant of \$3,500 from the International Health Division of the Rockefeller Foundation enabled the library of the Institute to subscribe to 60 foreign journals and to purchase approximately 100 books from abroad during the year. The grant also was used to develop a health museum and to establish a motion picture film library as aids to the teaching program.

Future plans are to continue the short refresher courses in accordance with the further need for trained personnel of various categories in the health organization. At the same time, longer courses lasting from 6 to 12 months will be instituted to provide more thorough instruction which is considered necessary for public health specialists, particularly teachers and those who want to qualify for higher administrative positions. Emphasis will be given to field training in these courses and attempts will be made to improve all educational facilities.

Public Health and Welfare Information and Education

Information Program

The Public Health and Welfare Information Program gained in strength and popularity in 1950 and is now rated as one of the four major information programs of the country.

One of the most important steps taken in the development of a coordinated information program was the establishment of what is termed an "Information and Health Education Sub-Section" in each of the forty-six prefectural health departments, these sub-sections having been organized as a part of either the general affairs section or the section concerned with health centers in each of the prefectural health departments concerned. Each sub-section is staffed by a chief and assistants who devote full time to information and health education activities.

Greater interest and cooperation in planning, preparation of material and release of coordinated and well balanced information programs by radio, press, magazines, visual aid producers, organizations, associations and interested groups was in evidence during the year. A prominent life insurance company of Japan established a "Cultural Prize for Health" with an annual award totaling ¥ 1,000,000, in an effort to stimulate interest in the field of public health and to reward worthy persons, public bodies, or private institutions who have made outstanding contributions in this field.

Block (regional) conferences pertaining to information activity were held twice during the year which were attended by officials representing prefectural information sections and departments of public health and public welfare. In addition, members of the Information Sub-Section of the Ministry of Welfare were dispatched to all prefectures to study and observe existing conditions as to progress of information work and to render assistance and guidance in the program.

Plans for the future include the elevation to section status of the present Information Sub-Section of the Ministry of Welfare, and provision of two branches - "Organization" and "Material" in addition to the five branches now in operation; the establishment of an information sub-section in each of the prefectural welfare departments, strengthening of the health education divisions of the Class "A" health centers through the appointment of a chief and staff devoted to full time work in this field, and the training of all personnel engaged in health information and education work.

The School Health Program

The favorable action of the Diet in passing the "Bill of Partial Amendments to the Board of Education Law" (21 April 1950) and the "Cabinet Order for Partial Amendments to the Cabinet Order Concerning the Enforcement of the Board of Education Law" (23 August 1950) completed the necessary legislative procedures at national level in bringing the health centers and boards of education into a close, cooperative relationship in the execution of the school health program in Japan. To further implement the program the Ministry of Welfare and

the Ministry of Education issued separate but coordinated instructions to prefectural governors, and boards of education respectively. A decided improvement in the relationships between health and education officials was noted during the latter part of the year 1950.

Joint regional conferences and special conferences were held for the benefit of those persons actively engaged in health education activities, attendants to which were given instruction on the latest trends in the development of health education in the United States as observed by an official representative of the Ministry of Welfare, Japanese Government, under the training program for national leaders.

A two months course of instruction for the benefit of public health officials engaged in health information and education work was scheduled for the period 31 October to 31 December 1950, at the Institute of Public Health, but due to unforeseen circumstances this course was rescheduled for the period February through March 1951.

Plans for the future will be concentrated on the training of health educators, in order to strengthen the health education activities of prefectural health departments and health centers and to continually improve the working relationship between health and education officials for a better school health program in Japan.

Reduction in Death Rate

The mean crude death rate has been further reduced from 11.6 per 1,000 population in 1949 to 10.8 in 1950.

Increase in Life Expectancy

It is interesting to note that between the years 1895 and 1947, life expectancy during those 52 years increased from 42.8 to 50.06 for men and the life expectancy for women increased from 44.3 to 53.96; while during the 3-year period 1947 to 1950, the life expectancy for men increased from 50.06 to 58.0 and for women 53.96 to 61.5. The rather dramatic increase in life expectancy is shown by the fact that the expectancy for males increased 7.26 years in the 52 year period compared to 7.94 years in the 3-year period. During the 52-year period the life expectancy for females increased 9.66 years compared to 7.54 years for the 3-year period. These increases are attributed to the application, on a nation-wide scale, of modern methods in medical care and to the prevention of disease.

Chapter 3

HEALTH AND WELFARE STATISTICS

Note: The following is a summarization of the more important activities in health and welfare statistics during 1950. Data and their analysis will be found in the appendix of this volume.

Tabulating Equipment

For several years the Statistics and Investigation Division of the Ministry of Welfare has been trying to obtain mechanical tabulating equipment to enable it to tabulate the large volume of schedules and survey data which it receives. A conservative estimate of the volume of schedules would be more than 6,000,000 per year. Detailed cross-tabulations which modern statistical practice requires are frequent, not only in connection with the preparation of periodic publications, but also in the analysis of data collected in surveys and in the many special studies which are made. Hand tabulation has been much too slow and inefficient.

During the last quarter of the year, 61 key punches, 11 card-counting sorters, 3 printing tabulators, 2 reproducers, 1 interpreter, 1 automatic verifier and 1 summary key punch were received. This comprises more than half of the total of 132 machines to be received. The balance are expected during the first quarter of 1951.

Exchange of Vital Statistics Schedules

Since 1 January 1948, two copies of all transcripts of registrations of births, deaths, stillbirths, marriages and divorces have been prepared and routed through health centers on their way into the Ministry of Welfare. The health centers kept one copy for administrative purposes. While this procedure provided information for areas in which the event occurred, it did not make it available to places of residence when the event occurred away from it. Since it was considered important that health centers should have full information concerning their residents, beginning September 1950, extra copies of the schedules of non-resident births, deaths and stillbirths have been prepared and sent each month to health centers having jurisdiction of the area claimed as residence.

If residence is within the same prefecture, copies of the transcripts are sent by mail directly from one health center to another. When residence is in another prefecture, they are routed through the prefectural health statistics office to the proper prefecture, which distributes them to the health center. In the event residence is within the same health center area as that in which the event occurred, but the event occurred in a town or village other than that claimed as residence, there is no further allocation.

Exchange of Morbidity Schedules

Copies of epidemiological schedules for 11 diseases (cholera, dysentery, typhoid fever, paratyphoid fever, smallpox, epidemic typhus, scarlet fever, diphtheria, epidemic meningitis, plague, Japanese "B" encephalitis), and also for tuberculosis and the venereal diseases are prepared and sent to the health center in the place of residence, if received by some other health center. No copies of schedules are prepared for reportable diseases except tuberculosis and the venereal diseases. Residence forwarding of schedules was started in January 1949.

Welfare Report Forms

Ever since the Ministry of Welfare Establishment Law gave the Statistics and Investigation Division responsibility for welfare statistics on 1 June 1949, a great deal of time and effort has been spent to obtain more useful and accurate statistical information. In co-operation with the Social Affairs Bureau and the Children's Bureau, extensive conferences were held during the Spring and Fall months.

A series of monthly and annual report forms was prepared and distributed for use effective 1 January 1951. To facilitate filling out the forms, a manual containing detailed instructions was also furnished. It is only by the collection of adequate and accurate statistical information that the welfare program can be successfully planned, administered and evaluated.

Revision of Epidemiological Case Card

Experience gained during 1950 was used as a basis for revising both the epidemiological case cards and partial transcript forms for use beginning January 1951. Important changes in the schedule form for enteric diseases included more detailed information concerning bacteriological tests, date of diagnosis of suspect cases and the date when the report was received in the health center. The same information was added to the form for acute diseases. More detailed information was requested concerning BCG and tuberculin tests.

A comprehensive annual report for 1949 was completed by the Ministry of Welfare. Its publication was delayed in order to provide English as well as Japanese headings in the tables. It is expected that it will be available early in 1951.

Special (unpublished) tabulations were prepared monthly from the epidemiological schedules for the 11 legal diseases, tuberculosis, and the venereal diseases and sent to the Public Health and Welfare Section. Plans have been completed by the Ministry of Welfare to publish a monthly report of these data beginning 1 January 1951. Tuberculosis cases in this system are restricted to population areas of 100,000 for model health centers and 30,000 for others. This represents a coverage of about one-third of the tuberculosis cases.

International List of Causes of Death

In September 1950, the first of a series of volumes on the International List was published by the Ministry. It contains an explanation of the List and the detailed, intermediate and abridged classifications. Also included are rules for the selection of the underlying cause of death. Preparation of tabular inclusions under the List was completed. This was a difficult language problem because some Japanese terms had to be added which were not in the English inclusions and in some cases it was hard to find a corresponding Japanese word for the English terms.

Although the Japanese List provided for finer subdivisions for some of the List numbers, whenever this was done they were always shown so that they could be recombined into the same categories which the International List contains. In this way, exact comparability can be had with any other country which uses the International List.

The index to the tabular list was begun in 1950, but is not expected to be completed until near the Fall of 1951. It will contain many additional terms not shown in the tabular list. This is necessary for coding purposes. In order to facilitate selection of the underlying cause of death, a manual was prepared containing examples of the application of the general rules of selection and also of the special inclusion notes contained in the Tabular List. Both the manual and the List are expected to be published during the first quarter of 1951.

Life Tables

The final and complete life table for 1947, commonly referred to as the 8th life table, was completed and published in September 1950. The life expectation for males was 50.06 years and for females 53.96 years. It also contains historical tables for previous life tables, beginning with the 1st life table for 1891-1895.

Abridged (Greville method) tables prepared for 1947 showed life expectations for males 50.30 and females 53.92. Between 1895 and 1947, the life expectation for males increased 7.26 years and for females 9.66 years. A 7th life table was not completed because the base census population data for 1940 was not considered dependable. An abridged life table was computed for 1948 (Greville method). The life expectation for males was 55.6 years; for females 59.4 years (refer to Chapter 2, Preventive Medicine, Life Expectancy).

Medical Care Surveys

Two surveys on family sickness were carried out, one for the month of February and the other during June. Analysis of the data has not been completed for the latter. The February survey showed the average duration of illness per person per year was 13.0 days. A similar survey conducted in November 1948 showed 12.9 days. The rate of illness (annual basis) was 72.8 per 100 persons in February and 61.2 in November, 1948.

Public Health and Welfare in Japan - 1950

Two other surveys were conducted for the month of June. One was on the use of hospitals and the other on fees charged for medical services. Tabulations on all these surveys will be completed in 1951.

Because of the seasonal factor, it is planned to conduct a one-year survey of family sickness, beginning 1 May 1951.

Cost of Living Survey

A 3-months survey on the cost of living was carried out September-November. It was based on 6,970 households covering all Japan. Tabulations were started but will not be completed until 1951.

Important purposes of the survey were to learn what income is spent for and to find out to what extent the social security program might be expanded considering income and cost of living as shown by the survey. Plans have been completed to conduct a similar survey for a period of one year, beginning 1 May 1951.

Census of Physicians and Dentists

Previous to 1951, the responsibility for conducting an annual census of physicians and dentists belonged to the Medical Affairs Bureau. In 1950, it was transferred to the Statistics and Investigation Division of the Ministry of Welfare, which conducted the census on 31 December 1950. Tabulations are expected to be completed about April 1951. Tabulations for 1949 census showed 69,155 physicians and 25,807 dentists as of 31 December 1949.

Revision of Monthly Hospital Report

The regular monthly hospital report form was revised and notifications were issued by the Ministry of Welfare to all prefectures making the changes effective 1 January 1951. Among the changes was provision for specific reports from hospitals concerned with infectious diseases; identification of agency of operation, according to whether national (Ministry of Welfare), national (other ministries), Local Public Agencies (prefecture, city, town, village), Juridical person (legally recognized organizations) and others. Other changes included reporting of the number of new admissions and the number of discharges.

Pregnancy Registrations

Registrations of pregnancy are required not later than the fifth month of uterogestation. The percent of pregnancies registered is comparatively high, being approximately 85% of the number of registrations of total births (live births and stillbirths) made 5 months later.

Beginning July 1950, regular monthly tabulations have been prepared by prefecture. The data are shown according to nationality of the mother. Prior to July 1950, the Children's Bureau received quarterly reports from prefectures, but only for Japanese Nationals and

Public Health and Welfare in Japan - 1950

then only for women issued pregnancy notebook. Subsequent to July 1, 1950, a certification of pregnancy signed by a physician or midwife is necessary for acceptance of the pregnancy report.

Pregnancies registered for foreign nations (other than those connected with the Occupation) were shown in the July 1950 report for the first time. More than 90% of them were for Koreans. A small number were for Chinese and Formosans.

Historical Study of Tuberculosis

For reference purposes the Ministry of Welfare completed compilation of statistical data for tuberculosis, 1900-1949, in December. It contains numbers and rates, prefectural data by sex, graphical presentations, etc. Publication is expected early in 1951.

Establishment of Record Reviewing Unit

The necessity for good records and better designed record forms is well known to the Ministry of Welfare. Effort was begun in April to collect and list all record forms used by the Ministry. The purpose was to detect duplication of effort and to offer suggestions for their improvement whenever possible. The Statistics and Investigation Division was made responsible for all statistics in the Ministry of Welfare by the Ministry of Welfare Establishment Act. The registration of record forms continued throughout 1950.

Effective 1 April 1951 by Ministerial Order, no record forms may be used for the collection of statistical information by the Ministry of Welfare which have not been registered with and approved by the Records Unit of the Statistics and Investigation Division. This is an important step in the improvement of the collection of statistical information. There were five employees in this unit, as of 31 December 1950.

Coordination Council of Health and Welfare Statistics

In order to facilitate the development of statistics within the Ministry of Welfare a Council on the Coordination of Statistics was established on 20 January 1950. Its members include Bureau and Section chiefs and others in the Ministry. It meets regularly each month and more frequently when necessary. Since the efforts of more than one Section and often more than one Bureau are involved in the collection of statistics, the planning of surveys, etc., close co-operation between them is essential. The Council has been very helpful concerning problems of interest to the Records Unit.

Council on Health and Welfare Statistics

The Council on Health and Welfare Statistics to the Ministry of Welfare met in January, June and October. Among the more important matters discussed was the establishment of the records control unit in the Statistics and Investigation Division, revision of monthly

Public Health and Welfare in Japan - 1950

and annual welfare statistics report forms and the cost of living surveys.

The sub-committees were very active. Especially notable was work done on occupation and industry; foetal registrations and prematurity; infant death rate computations; revision of epidemiological case cards and schedule forms; social welfare and children's monthly and annual report forms; marriage and divorce inclusion tables in the annual vital statistics report; revision of International List of Diseases, Injuries and Causes of Death.

Council on Vital Registrations to The Office of The Attorney General

Among the more important matters discussed was that of the effectiveness of the revised declaration forms of birth, death, marriage and divorce, placed in effect on 1 January 1950. Of outstanding importance was the discussion of the proposed Residents Register and the drafting of a law for its introduction into the Diet.

Nutrition Survey

Nutrition surveys were made in February, May, August and November by the Ministry of Welfare. Data presented in the appendix of this volume ends the presentation of such information by the Public Health and Welfare Section. The Ministry of Welfare plans to continue the nutrition surveys and the data will be available as a Japanese publication.

Diseases Reported

Three diseases were added to the list of reportable diseases effective January 1950. They were schistosomiasis, filariasis and tsutsugamushi. This brings the total number of diseases reported to 35.

Declaration and Schedule Forms

Effective 1 January 1950, revised declaration forms of birth registration was 98.9%, about the same as in the preceding year (98.8). The monthly variation was lower. Correspondingly, the percents for deaths were 99.8 and 99.7. Here again there was less variation in 1950 than in 1949. For stillbirths the percent (99.4) was the same as in the preceding year.

Training Programs

Three courses were conducted by the Institute of Public Health for health statisticians in 1950. They represent the fifth, sixth and seventh in a continuation of the courses conducted since October 1948. In July the course was extended from 6 to 8 weeks duration. Of the 166 persons who attended the courses in 1950, 11 were from the Statistics and Investigation Division of the Ministry, 40 from

Public Health and Welfare in Japan - 1950

prefectural health statistics offices, 109 from statistics offices of health centers and 6 were from such offices in city health departments. To date 405 persons have completed these courses.

Twelve regional training conferences in health statistics of one-week duration were held in 1950, covering the entire country. A total of 619 persons attended them. Of that number, 59 were from prefectural health offices, 457 from health centers, 26 from city health departments, 77 from Koseki (local registration) offices and others. Since March of 1949, when these short conferences began, they have been attended by 1,258 persons.

In addition to the above, 16 joint field staff conferences were held for the field staff members of the Statistics and Investigation Division of the Ministry of Welfare and the chiefs of Koseki work in field offices of the Office of the Attorney General. Some persons from local Koseki offices in areas where the conferences were held also attended and some from the statistical offices of prefectural health departments and health centers. A total of 784 persons attended during 1950, of which 458 were Chiefs of Koseki work in the Legal Affairs Offices, 17 from Ministry of Welfare field staff of the Statistics and Investigation Division, 131 from prefectural health statistics offices and 178 from health center statistics offices.

In-Service Training

There were 134 persons who availed themselves of in-service training in 1950 in the Statistics and Investigation Division of the Ministry of Welfare. Fifty unit chiefs received general training in health statistics. Thirty-six coders of causes of death were given training in the classification of causes of death under the International List and in the selection of the underlying causes of death. Eighteen persons attended a 2-weeks course in administrative practices and 30 persons received instruction in the operation of calculating machines.

Manual for Physicians on Health Statistics

The 1948 manual for physicians on health statistics was rewritten to provide for changes which have occurred since then. Emphasis was placed upon medical certifications contained in the birth, death and stillbirth declaration forms. Attention was called to the requirements of the revised International List of Diseases, Injuries and Causes of Death. Every effort is being made not only to attain high completeness of registrations, but high quality as well. The manual is expected to be published early in 1951.

Teaching Manual for Health Statistics in The Institute of Public Health

The Institute of Public Health revised its 1949 teaching manual on health statistics in August 1950. Statistical methodology has been simplified to meet the practical requirements of persons attending the course.

Public Health and Welfare in Japan - 1950

Work Flow Studies

The Statistics and Investigation Division made extensive studies in 1950, concerning the processing of its large work load. It prepared a master control "flow-sheet" to obtain maximum integration of effort of its 3 Sections. Future operations will be carried out as efficiently as possible.

Coding Causes of Death

Ever since the Ministry of Welfare began coding causes of death on 1 January 1947, a monthly record has been kept of the accuracy within the rules for coding. The percentage of error ranged from 2.1 in January, to the lowest of record in December of 0.6. Coding is based on rules for coding adopted by the World Health Organization.

Institute of Population Problems

During 1950, research on population problems included studies of population change and future estimates; economic capacity to support population; fertility; occupation changes and the collection of data concerning the world population.

Local Registration Affairs

The Office of Attorney General published a compendium of laws and regulations concerning Koseki Offices in October 1950. A resolution was passed by the National Council of Koseki to modify government restrictions placed on the use of Chinese characters in naming children. The Local Distribution Tax continued to provide some financial assistance to Koseki offices up to 1 April 1950, when the National Equalization Law went into effect and subsequent to which it will provide funds.

Completeness of Registration of Births, Deaths and Stillbirths

The 1950 annual average of completeness of birth registration was 98.9%, about the same as in the preceding year (98.8%). The monthly variation was lower. Correspondingly, the percents for deaths were 99.8 and 99.7. Here again there was less variation in 1950 than in 1949. For stillbirths the percent (99.4) was the same as in the preceding year.

Chapter 4

MEDICAL CARE

Medical Education

Medical education reforms started in 1945, resulted in the establishment of the principle of a single high-standard medical school of university level instead of the two classes of medical schools. The reforms changed the curricula from a didactic course patterned after the European system to a better balanced course with emphasis on laboratory and clinical teaching.

In order to accomplish these objectives, hours have been re-allocated between basic and clinical subjects and within specific courses have been re-allocated between lectures and clinical or laboratory work. Schools have been inspected and classified. However, one additional step was essential to complete the reorganization of medical education. The actual content of the courses taught and the teaching methods in presenting the material required modernization.

In order to demonstrate modern teaching techniques and to present modern material in the courses for undergraduate students, a Medical Education Mission consisting of twelve medical professors, recruited through the Unitarian Service Committee in the United States, were brought to Japan during July and August 1950 to conduct two institutes for the professors of the Japanese schools of medicine. The American professor of a given course reviewed the content of the course as taught in the United States and demonstrated the teaching methods to the Japanese professors teaching that course in Japan. One institute in Tokyo was for the professors of the twenty-two northern medical schools; the second institute in Osaka was for the professors of the twenty-three medical schools in southern Japan. A follow-up mission is projected for 1951. This mission will visit the medical schools to determine how well the Japanese professors have been able to apply what they have learned in the institutes held in the summer of 1950 and the members of the mission will also be able to give on-the-spot assistance to the professors in carrying out this final step in the reorganization of medical education in Japan.

Medical Licensure

National examinations were held in May and November, with a total of 7,906 participating. 89.8% passed.

Hospital Administration

The medical inspector system under government supervision, leading to the classification of all hospitals in Japan, was completed during the early part of 1950. That the inspections were carefully carried out is evidenced by the fact that only 7.73% of the hospitals

received an "A" classification in administration, which phase of medical care is the most inefficiently operated in Japan. As a result of the inspections, impetus has been given to improvement of hospital operation.

There has been a slow but steady increase in the number of hospitals as well as hospital beds during 1950. As of December there were 3,395 hospitals, of more than 20 beds, with a capacity of 274,512; 101,158 beds are devoted exclusively to the care of tuberculosis; 19,930 beds are allocated to the care of mental diseases with an average daily load of 18,597 patients; 8,805 beds are provided for the care of lepers. The average daily in-patient load for hospitals of all types during the calendar year 1950 was 194,198.

Medical practice continues to be conducted largely through hospital clinics. The average daily out-patient load during the calendar year 1950 was 319,991.

The architectural consultative service established by the Ministry of Welfare during 1949 continued during 1950 with the development of blueprints for model wards to conform with the minimum standards of the Medical Service Law. The service, however, is not being used to the extent anticipated. See Appendix 'Hospitals' for detailed statistics.

School of Hospital Administration

The School of Hospital Administration continued in operation during 1950 with increased enthusiasm being evidenced. Again, applications far exceeded spaces available. Two long courses of two months each were given and eight short courses. In all, 437 attended, drawn from every prefecture in Japan.

In addition to the government school in Tokyo, in May 1950 Tohoku University Medical Department conducted a one-week course, attended by 200 physicians from northern Japan. Other medical universities developed plans to establish short administrative courses in university hospitals. Under the National Leaders Program, the assistant director of the School for Hospital Administration in Tokyo attended a 3-months special course in hospital administration at Northwestern University in the United States.

National Leaders

The planned program of hospitalization now being carried out by many of the states in the United States was studied firsthand by a visit to the United States of the Chief of Medical Affairs Bureau, Ministry of Welfare, and by an outstanding private practitioner. In addition, a surgeon from a large national tuberculosis sanatorium was sent to the United States for a course in chest surgery, and an internist visited some of the leading clinics of internal medicine in the United States. The Editor-in-Chief of the Journal of the Japan Medical Association was sent to the United States to study methods used by the American Medical Association in making its scientific publications successful and to study the scientific exhibits at the general meeting of the American Medical Association.

Dental Affairs

Six dental colleges raised to temporary university rank during 1949 continued in operation during 1950. As in the case of medical schools, attention was concentrated on teaching methods and curricular content.

National examinations for dentists were held in April and October with a total of 1,608 participating, of which 81.9% passed.

Separation of the Practices of Medicine, Dentistry and Pharmacy

The professional practices of medicine, dentistry and pharmacy have over the years been ill defined. Outside of hospitals, private practitioners of medicine have spent the greater part of their time compounding and dispensing drugs and from this source have received about 30% of their income. Dentists have dabbled in the field of medical practice by administering drugs and engaging in surgical procedures, as well as administering physiotherapy. Pharmacists, until the passage of the Pharmaceutical Law in July 1948, were permitted to prescribe for patients and to sell potent drugs without prescriptions.

Early in the Occupation, these evil practices were recognized but indoctrination alone was not sufficient to change the professional habits of years' standing. It, therefore, became necessary early in 1950 to bring the three professional groups together into an organization known as the "Sanshi-kai," composed of ranking officials of the Japan Medical Association, the Japan Dental Association and the Japan Pharmaceutical Association, in order that jointly the ethical and legal responsibilities of the three professions would be delineated. Whereas it was hoped that the three groups would formulate codes of ethics for their respective professions and perhaps arrive at agreement as to an educational program for the public, the result was complete failure with no disagreements resolved. Therefore, an overall council known as the Medical and Pharmaceutical Systems Deliberation Council was established to study the problem and to advise the Ministry of Welfare of the steps to be taken leading to the separation of the three professions into their respective fields of activities as accepted by the modern medical world. This Council consisted of thirty members divided equally into three groups: a professional group made up of physicians, dentists and pharmacists; a group of "learned" men; and the third group of government officials.

A second council was also established, known as the Temporary Council for Medical Care Payment. This Council was to study the overall costs of medical care and to make recommendations leading to the readjustment of health insurance fees, to permit proper payment to physicians for examinations and consultations, thereby providing an economic incentive for improving the quality of medical care by increasing the fees for actual medical knowledge and decreasing the fees chargeable for drugs dispensed by physicians. This Council completed its deliberations during December 1950 and produced a very satisfactory fee schedule for insurance payment to physicians, without materially increasing the cost of medical care to the patient.

From a practical standpoint, non-insurance practice follows the scale of insurance fees*. (Note: * The Medical and Pharmaceutical Systems Deliberation Council has, at the time of the publication of this volume, completed its study and made recommendations.)

Projects 1951

An American dental mission will be brought to Japan under the auspices of the American Dental Association to render advice regarding the material incorporated into the curriculum of dental schools of the United States; to present to the Japan Dental Association the views of the American Dental Association concerning dental practice; to make known to the dentists of Japan the many new materials used in reconstructive dentistry in the United States and to stress the need for oral hygiene and preventive dentistry.

Chapter 5

NURSING ACTIVITIES

The Nursing Section, Ministry of Welfare

The Nursing Section, established in 1948, has become better organized although still hampered somewhat by the limited training of personnel. The section has continued to handle all activities pertaining to the education of nurses and midwives and succeeded in having nursing sections or divisions established in the remaining two of the 46 prefectures of Japan. The Section also supervised the administration of the National Nurses Licensure Examination, which was given to 8,600 applicants in 28 cities. This included the preparation of examination papers, supervision of the examiners, planning of the travel of personnel, and the final grading and publication of the names of the successful candidates.

Japanese Nurses Association

The Association, comprised of midwives, clinical nurses, and public health nurses, increased its membership to 80,000 during the year and has shown progressive improvement during this period. The official association publication "Nursing" increased its subscriptions to 16,000 and likewise has improved both in content and quality the material furnished its nursing subscribers.

The Educational Committee has been active in voluntary teaching in various regional refresher training courses, which were sponsored by the Association during the year.

During 1950 the Association was able to pay its annual dues to the International Council of Nurses, London, England. The Association was also the recipient of ten sets of anatomical charts and birth atlases donated by the Canadian Nurses Association.

Educational activities conducted by the Association during the year consisted of the sponsoring of a scholarship fund to aid worthy students in schools of nursing; preparation of a question and answer book to assist nurses preparing for national examinations; publication of an informative diary of interest to members; and rendering relief assistance to nurses who suffered loss through various misfortunes such as floods, fires, and earthquakes.

The Nursing Law

The promulgation of the Ministries of Education and Welfare Ordinance No. 1 (May 1949) established the regulations for class A and class B public health nursing and midwifery schools. To date, 155 schools have been accredited. The National Nursing Council and the

Public Health and Welfare in Japan - 1950

National Examination Committee established by Cabinet Order Nos. 212 and 213 (1949) continued to function in their accrediting of nursing schools, preparation of National Examination questions, and reviewing the nursing law for possible revisions.

Nursing Education

Demonstration Schools

The three demonstration schools of nursing continued in operation during the year and have assisted hospitals in their vicinities in conducting refresher training courses. The schools have also arranged for observation trips through these model institutions as an aid to other hospitals in establishing nursing training programs. The high standards maintained by these model nursing schools have acted as a stimulant in the development of teaching centers in other hospitals throughout Japan.

Refresher Courses

Midwives, clinical nurses, and public health nurses continued to benefit from national, regional, and prefectural refresher training courses during the year. The public health nursing course at the Institute of Public Health issued certificates of completion to 180 nurses during 1950, making a total of 617 nurses who have completed the course since its initiation in 1947. The Institute also assisted in a one-year course for 27 instructors in public health and midwifery schools. Two nurses from Okinawa have been registered in each of the three 4-months courses conducted during 1950.

The specialized training program of the Anti-Tuberculosis Association continued to train nurses in tuberculosis programs, a total of 161 individuals having completed this course to date.

Four national clinical courses were held in Tokyo during 1950 for the purpose of assisting instructors in class A and class B schools of nursing. One hundred ninety nursing leaders completed these courses, which were jointly conducted by the Ministries of Education and Welfare, the Institute of Public Health and the National Nurses Association. Five national midwifery courses were also conducted during 1950, attended by 272 midwives.

Textbooks

During 1950, three American nursing textbooks were translated and published. Five other American textbooks have been translated and are expected to be published early in 1951.

Study Abroad

Under the National Leaders Program, one nurse visited the United States for a 90-day period of observation and study of nursing programs. One student nurse was enrolled in a three-year course in a school of nursing in the United States under sponsorship of private funds.

Chapter 6

VETERINARY AFFAIRS

The Japan Veterinary Medical Association

The membership in the Association showed a slight gain, now numbering 7,813 active members, 266 junior members and 2 honorary members. The increased interest in the National Association was disclosed by the large gatherings at the nine regional conferences. The year was highlighted by the successful annual convention of the Association, held in Osaka on 27-29 March. Over 1,500 veterinarians from all branches of the profession and from every prefecture attended. Demonstrations of clinical techniques and operations were shown on the third day, by bringing large and small animals into the huge auditorium.

The principle problems faced during the year included the proposed up-grading to five years for veterinary college education, adjustment of relations between practitioners and government agencies regarding treatment of sick animals, and the promulgation of an effective rabies control program. A Division of Clinical Medicine was established in April for the study and dissemination of information regarding improved diagnoses and treatments. The Association is sponsoring semi-annual scientific meetings in each region to further this purpose. A campaign was launched to collect funds for the eventual erection of an office building in Tokyo on the site presently owned by the Association. A rather important amendment to the present constitution, now under consideration, is a proposal to automatically grant membership in the national body to all bona fide members of prefectural associations.

The JVMA monthly journal is continuously improving and now contains many excerpts of pertinent matter from foreign publications.

Veterinary Education

Fourteen veterinary colleges, comprising 9 national, 2 prefecture and 3 private schools have complied with the minimum standards for preliminary approval under the new university system. This has entailed considerable physical improvements and changes in curriculums.

However, the requirement for one and one-half years of basic science and culture subjects by university regulations in addition to the full four years of veterinary and technical subjects demanded by licensure regulations has created quite a problem. Under Japanese educational practices, the course must be either four years or six years. Although the JVMA has urged a compromise of five years, the problem remains unsolved. After 1950, all graduates of veterinary colleges must pass a national examination in order to obtain a license.

Four two-months refresher courses for public health veterinarians were held at the Institute of Public Health. A total of 170 veterinarians received certificates, bringing to 519 the number of graduates since the inception of the school in March 1948.

Occupation veterinarians continue to hold seminars for Japanese prefectural veterinarians engaged in public health and animal disease control work. The Japanese continue to be avid students.

Control of Animal Diseases

Nine Animal Quarantine Stations are in operation, of which six, located in the principal port cities, handle the bulk of animal quarantine activities. Although the importation of animals was limited, to principally sheep, animal products such as bone meal, hides, wool and hair increased to over sixty million kilograms in weight. The largest export items listed were canary birds, followed by zoo animals for exchange with other countries.

Animal diseases are reported monthly by the prefectures, but in event of acute infectious diseases arising, a telegraphic report is made to the Ministry of Agriculture and Forestry immediately. The year witnessed no significant outbreaks of disease, with the exception of cattle influenza. Because of the fact that cattle influenza had not been encountered in Japan prior to 1949, it was not an official reportable disease. However, its rapid spread caused a special order to be issued for reporting the incidence weekly. The following list of cases reported during the entire year indicates good control practices, viz: anthrax (24), blackleg (8), swine erysipelas (736), swine cholera (2,831), swine plague (116), equine infectious anemia (8,031), trichomoniasis (1,622), infectious abortion of cattle (540), cattle tuberculosis (1,181), cattle influenza (443,843). Equine infectious anemia is considered the most costly disease, with Japanese estimates of from 10% to 15% of the total horse population involved.

The establishment of animal hygiene service centers in cooperation with prefectural officials continues toward the authorized goal of 500 places. The principle duties of the centers are to provide a diagnostic service, refrigerated storage of biologicals and assist in the artificial insemination program. Aside from performing legal mandatory vaccinations, the veterinarians in the service centers are prohibited from treating sick animals unless in an emergency.

A comprehensive dog rabies control law was passed by the Diet in August and placed under the jurisdiction of the Ministry of Welfare. During the period 26 August - 31 December 1950, approximately 850,000 dogs were registered and immunized out of estimated total of 2 million canines. The responsibility for rabies control in livestock is still retained by the Ministry of Agriculture and Forestry.

The physical examinations and issuance of health certificates as required by law for the inter-prefectural movement of animals showed some improvement both in quality and quantity. However, this program is still in need of wider publicity and enforcement. A proper method of uniform examinations was demonstrated at the annual JVMA meeting with subsequent adoption by the National Government as the recommended procedure.

No cases of rinderpest, foot and mouth disease or contagious pleural pneumonia occurred in Japan or its outlying islands during 1950. On the other hand, all reports and/or rumors of the occurrence of these diseases in nearby or foreign lands are investigated closely.

Public Health and Welfare in Japan - 1950

The Animal Hygiene Section continued its program of issuing a news weekly, refresher training courses for its field men, and support of new ideas for better disease control.

Veterinary Pharmaceuticals and Biologicals

A new section was established in the Ministry of Agriculture and Forestry called the Veterinary Pharmaceutical Section with responsibility for supervision over the assay of all veterinary biologics and drugs. The construction of the first unit of a national assay laboratory was started in the Fall of 1950 in order to take care of the growing volume of biological products. A grand total of 36,481,000 cc of preparations were submitted and approximately 6% rejected. The three principle products which topped 7 million cc each were vaccines against hog cholera, rabies and equine encephalomyelitis. It is interesting to note that over 4 million cc of rinderpest serum was made and a national stock balance of 3.5 million cc retained for emergency purposes. The year of 1950 also witnessed the first export shipment of veterinary biologicals to Okinawa. The legal requirement of national assay approval prior to distribution had resulted in a remarkable improvement in all products. The assay standards, particularly those relating to potency of biologicals as well as improved procedures of manufacture, are constantly being reviewed. This painstaking and tedious work is done by committees of veterinary specialists in each field and gradually there is evolving a comprehensive treatise of modern assay standards for all veterinary products. One pertinent revision was the elimination of dog source rabies vaccine.

A comprehensive list of all veterinary drugs now on the Japanese market has been compiled and each drug subjected to scrutiny as to reliability and effectiveness. In the past, there has been too much reliance on using drugs that are prepared essentially for human use. The small size of tablets and vials have been rather expensive for large animal dosage, resulting in a strong tendency to administer less than indicated. The second unit of the assay laboratory will be devoted to analyses of drugs and is expected to attain the same improvements realized under the compulsory plan for assay of biologicals.

As a result of closer supervision and official regulations, all production laboratories have shown a remarkable improvement in their facilities and techniques. Commercial enterprises are reinvesting most of their profits back into their plants and each new structure discloses specialized planning and equipment. Worthy of note in this regard were the erection of a model chick-embryo virus laboratory, a tetanus-toxoid laboratory, two sizeable hog-cholera tissue vaccine plants and three rabies vaccine (goat source) laboratories. Interest is being stimulated in and work being done on crystal violet hog cholera vaccine, and it is hoped that this will supercede the present formol tissue vaccine.

Veterinary Research

The National Government maintains a sizeable Animal Hygiene Experiment Station system comprised of the main plant near Tokyo and four branch stations strategically located throughout Japan. Each

station naturally emphasizes research in those diseases indigenous to their area. For instance, the two most northern branches devote considerable attention to equine breeding ailments because of the predominantly larger horse population. The south central branch is trichomoniasis conscious because of the prevalence of this disease in that area. The most southern branch concentrates on rinderpest production and research. This is the laboratory that is reporting success in the prolonged continuity of rinderpest virus in chick embryos. The main laboratory, having the largest staff, covers a broad field of research projects including equine infectious anemia, filariasis of sheep and goats, and more lately, cattle influenza. An effort made in 1950 to concentrate the work on current problems of most economic value has resulted in the publication of four semi-technical bulletins for the use of livestock owners. A comprehensive study of a disease called lumber paralysis of sheep and goats under the direction of an American veterinarian, which cast a doubt over former theories as to the causative agent (*Setaria digitata*), has stimulated considerable review and discussion in research circles. One disquieting tendency noted is the reluctance to accept proven foreign research conclusions without seemingly endless repetition and, on the other hand, act too quickly in applying their own rather hastily drawn conclusions to field use.

Japan, being a member of the Office of International Epizootics, sent a representative to the Faris conference in early 1950. The Japanese delegate presented a paper on Brucellosis and returned with an official invitation for three Japanese papers for delivery at the 1951 conference in the fields of leptospirosis, rinderpest and equine infectious anemia.

Veterinary Practice

The year of 1950 brought both gains and setbacks to the veterinarian in practice, but, on the whole, most practitioners, certainly the older established men, enjoyed their best year since the war. It is unanimously recognized that there are just too many veterinarians licensed in Japan. The first national registration of all veterinarians, as required by the new Veterinary License Law, disclosed a grand total of 14,074 men who claimed gainful employment in the profession. Many of this number are officially employed by the national government (931) and local governments (4,572). The number engaged in practice is reported as 8,571 men, approximately divided half and half between private practitioners and cooperative association practitioners. Private practitioners gained by reason of the cancellation of 3,000 sub-veterinary licenses, which had been issued as a temporary expedient during the war. Also, the new Rabies Control Law made semi-annual vaccination of all dogs compulsory, which immunizations were entrusted to private practitioners. The cooperative and mutual aid associations expanded their veterinary treatment program to over 1,000 clinics. While this helped the selected veterinarians, it also had a tendency to infringe on the field of many private practitioners. However, in some areas, the private practitioner was called and paid from the mutual aid insurance funds. All practitioners benefitted by the increase in numbers of livestock, improved financial condition of their owners, and better publicity on the values of veterinary care.

Many conferences and hearings were held relative to the controversy between private and association veterinarians and although no clear-cut decisions were obtained, it is believed that both factions are beginning to realize that a compromise solution can be achieved, beneficial to both.

Meat, Milk, Seafood and Food Inspection

Meat Inspection

There are 725 slaughterhouses in Japan operating under the Slaughterhouse Law, which require the constant attendance of a veterinarian during operation. At the close of 1950, 441 veterinarians were engaged in meat inspection with slaughterhouse inspection having first priority on their time because all meat in Japan must come from a licensed slaughterhouse.

Vast improvements in the physical conditions have been achieved, due to availability of reconstruction materials and finances. The tendency for local government officials to divert slaughter fees has been largely checked and the money rightly allotted to rehabilitate the slaughterhouses to meet sanitation standards. The best example of this endeavor was seen in Tokyo with the installation of stainless steel work surfaces and much larger refrigerator storage space. Occupation veterinarians continue to emphasize the techniques of ante and post mortem examinations. Some improvement was generally obtained in meat processing plants, with lack of space being the principal handicap. Several processors in the larger cities made sizeable additions, although during 1950, business volume seemed to keep ahead of facilities. Realization of the financial benefits of space, easily cleaned equipment and sanitary facilities has been recognized by practically all processors and their resultant cooperation commendable.

Probably the most encouraging symbol of the entire food sanitation program has been the blossoming forth of countless white tile and glass front meat shops throughout the nation. Considerable refrigeration has been installed, including refrigerated showcases, but here again the principal obstacle is lack of space. It is noticeable that more and more occupationaires, especially those located in outlying areas, are patronizing approved Japanese meat shops.

Milk Inspection

Official reports as of the end of the year disclosed 74,737 dairy farms, 2,991 milk processing plants and over 3,400 retail milk shops, all of which come under an official inspection and permit system.

The milk plants and retail stores continue to improve and especially the reconstructed war-damaged plants show evidence of more modern planning as recommended by SCAP veterinary personnel. The small size of farms, which average less than two cows, their scattered distribution, combined with lack of quick transportation for the inspector, have posed the most difficult problem in the milk sanitation program. It is obvious that improvement in facilities and methods has lagged on dairy farms. The adoption of detailed milk standards with adequate enforcement provisions in the middle of 1950 has given great impetus

to the program. Aimed primarily at the production and acceptability of one standard of raw milk, with all other milk classed as sub-standard, it is believed that the groundwork has been laid for dairy farm improvement. Another major feature of the new regulations is the enforcement of adequate pasteurization methods and the installation of recording thermometers on every piece of milk heating equipment. The milk industry at large is sympathetic to the rather strict, new standards, with surprisingly low dissension from some dairy farm groups. It should be reiterated that 1950 saw only the start of a stricter enforcement program and it remains for the oncoming year to witness results.

Seafood Inspection

Official reports as of the end of the year disclosed 16,250 seafood processing plants, 1,483 wholesale markets and 53,348 retail shops. An attempt was made to emphasize the seafood inspection program, particularly because of its newness and the importance of seafood in the Japanese diet. The initial effort was directed to the training of inspectors and the inspection of seafood at landing docks. Transportation between seaports and markets was greatly improved by the construction of several hundred insulated freight cars and the speeding up of train schedules. At Shimonoseki, considered one of the largest seafood ports in the world, an encouraging response was noted to instructions by occupation veterinarians. Ample ice supplies, cold storage facilities, mechanical refrigeration on trawlers, continuous unloading conveyor belts were among the principal gains noted. Somewhat similar improvements were achieved at the Tokyo port. Several large, new, modern wholesale markets, Osaka being an outstanding example, were constructed under occupation veterinary leadership, in addition to sanitary rehabilitation of many other city markets. Interest in the export of canned seafood stimulated an eager compliance with sanitary regulations.

Seafood processors of the fishcake varieties of products, which constitute the largest seafood item marketed, are gradually showing signs of improvement. Most of these processors are in the small business category and progress is slower than in the relatively larger canning factories.

Retail fish markets showed considerable improvement with more and more seafood being displayed in ice under glass. However, the retail seafood-cleanup program is yet in its infancy.

It is concluded that although the seafood sanitary program is just starting to gain headway, the consumer response has been most encouraging.

Food Inspection

Actually, all kinds and classes of food come under a single food sanitation law, but for purposes of inspection it is enforced under two separate classifications: namely (1), Veterinary and (2), General Food.

Naturally all animal source foods come under veterinary supervision and have been discussed above under meat, milk and seafood. It is singular to note that slaughtered animals do not legally become food under the Food Sanitation Law until they are officially stamped approved and ready to leave the slaughter house.

General food is legally interpreted to include every other food or drink offered for sale in Japan, during all its passage through the channels of trade from the first point of barter until purchased by the final consumer. This signifies an extremely large program in supervising all the food requirements of a nation of over 82 million people. As of the close of 1950 there were 1,301,000 food establishments under supervision. This was an increase of approximately 400,000 during 1950. The number of inspections and food establishments per inspector average approximately 1,700 and 650 respectively. An effort to double the inspection force was partially successful with an expected increase of 1,200 men during the coming year.

Japanese food sanitation improvement received added impetus during 1950 from the adoption of nationwide uniform inspection regulations with a grading program attached. All food establishments must be graded A, B, C, or D, with cancellation of sanitary permits upon continued violation of items of major public health significance or failure to meet at least grade D.

All new establishments must be grade A in order to obtain an opening permit. The introduction of the stricter regulations, grading system and training of inspectors, occurring as it did simultaneously, naturally caused some confusion and over-grading. However, by the end of the year the program had settled down and was meeting with exceptionally popular approval from most consumers and establishment owners. The spurt in sanitary improvements was noteworthy. This was attributed in considerable degree to the efforts of public health education and information programs, sponsored by prefectural and city health departments in arousing sanitation consciousness in the minds of the consuming public.

An increased volume of vegetables grown on chemically fertilized soil is reaching the higher class markets. In line with the general improvement in the sanitary quality of foods, occupation personnel were granted the privilege of purchasing indigenous foods from grade A or B food establishments.

Chapter 7

WELFARE

Public Assistance

There have been two marked trends in persons assisted outside of institutions since the inception of the present public assistance program in Japan. The first was a downward trend which began in August 1946 when 2,886,307 persons were on the public assistance roles, ending with April 1949 when the number of persons assisted had been reduced to 1,517,821. Beginning with the latter date, the number of persons assisted has gradually increased until December 1950 when 1,965,935 persons were assisted. The monthly cost of assistance to persons outside institutions has followed a consistent upward trend through December 1950, when ¥1,273,384,466 was distributed for assistance other than relief in kind.

Persons assisted and cost of assistance under the Daily Life Security Law during the year 1950 were as follows:

Month	<u>Persons Assisted</u>		<u>Cost in Assistance</u>	
	<u>In Institutions</u>	<u>Not in Institutions</u>	<u>In Kind</u>	<u>In Cash</u>
January	124,715	1,602,097	¥20,183,348	¥ 957,184,044
February	127,177	1,645,551	14,309,839	1,014,930,704
March	135,065	1,708,796	22,412,587	1,177,310,620
April	125,189	1,724,679	12,809,003	1,053,244,276
May	135,811	1,776,554	11,795,119	1,081,836,079
June	139,608	1,839,086	16,555,834	1,140,647,895
July	141,769	1,885,052	14,198,403	1,169,018,490
August	147,300	1,936,603	26,656,011	1,211,856,320
September	145,218	1,964,103	34,053,761	1,233,730,033
October	142,278	1,963,848	24,208,347	1,251,809,315
November	143,973	1,934,324	14,889,292	1,203,973,804
December	146,470	1,965,935	19,870,810	1,273,384,466

(Note: For comparison of public assistance administered during the period August 1946 through December 1949, reference is made to Volume II, Part I, Public Health and Welfare in Japan, Annual Summary, 1949, Table 60, Public Assistance Program in Japan by Months, 1946-49).

Revisions in the Daily Life Security Law during 1950 provided a formalization of an appeals system which established the legal right of an applicant for, or a recipient of, assistance to appeal his case when he is dissatisfied for any reason with the starting or modification of his assistance grant. The initial appeal is made through the local office to the prefectural authorities. Adverse decisions of the prefectural authorities upon appeals may in turn be appealed to the Ministry of Welfare, in which event the decisions of the Ministry are binding upon prefectural and local authorities.

Public Health and Welfare in Japan - 1950

Other important revisions in the Daily Life Security Law provided for: recognition of special needs for housing aid and education aid; strengthening the establishment and enforcement of minimum standards for protective institutions; use of full time social welfare secretaries to assist the responsible levels of local government in carrying out their responsibilities for services provided under the Daily Life Security Law; and, the relegation of the volunteer Welfare Commissioners (Minsei-in) to a role of cooperating with the mayors of cities, towns and villages and the full time social welfare secretaries in providing services under the Law.

Of great importance in the promotion of improved welfare services during the year was the enactment of the Law for Establishment of Social Welfare Secretaries. The Law and implementing regulations of the Ministry of Welfare created a position of general social worker for the first time in Japan's public service and made the use of such workers mandatory in connection with the administration of services under the Child Welfare Law and Law for Welfare of Disabled Persons as well as the Daily Life Security Law.

The development during the past year of improved statistical report forms for local and prefectural reporting to the Ministry of Welfare has further strengthened and improved the administration of the public assistance programs. Use of the new forms will become universally effective on 1 January 1951. Compilation and collection of statistics at the national level has been further strengthened by extending the responsibility of the Statistics and Investigation Division of the Ministry of Welfare to include welfare statistics.

Coordination has been completed during the year on necessary revisions of the Social Work Law of 1938 and agreement reached among the interested agencies of the Japanese Government concerning the specific amendments to be presented to the Diet early in 1951. Among the more important measures to be included in the amended law is the provision for establishment of welfare districts which will accept responsibility for administration of the major welfare programs. The law will define the minimum number of technical staff necessary to man the districts. The welfare districts will be established at prefectural and city levels and may be established at town and village level provided the local units of government are willing and able to meet the minimum standards for administration defined in the law.

While the Social Affairs Bureau was not successful in securing budget appropriations for the establishment of a field supervision unit, it has, however, been successful in intensifying its field activities. During the year Bureau officials have visited 21 prefectures for the purpose of reviewing prefectural and local activities in connection with nationally financed programs. Prefectures have also stepped up their field supervisory activities covering the administration of nationally financed programs at city, town and village levels. In October 1950, Ministry instructions were issued to the prefectures requiring field inspections of city, town and village activities, the cost of which is to be subsidized to the extent of ¥10,000,000 from national funds.

Revision in Ministry of Welfare organization regulations, 24 July 1950, provided for changing the name of the Supply Section to Welfare

Public Health and Welfare in Japan - 1950

Institutions Section. The new Section was given responsibility for supervision of protection institutions under the Daily Life Security Law, enforcement of the Disaster Relief Law, supervision of distribution of LARA (Licensed Agencies for Relief in Asia) relief supplies, supervision of workshops and institutional supplies. The creation of the Welfare Institutions Section has served to focus attention upon the important institutional program in Japan and will result in more effective supervision and guidance by the Ministry over prefectural and local institutional operations.

For information concerning protective institutions under the Daily Life Security Law, the following table presents figures compiled at the end of 1950:

Kind of Institution	No. of Insti- tutions	Public		No. of Insti- tutions	Private	
		No. of Inmates	Capacity		No. of Inmates	Capacity
Homes for Aged	63	2,015	2,569	72	4,006	4,065
Relief Institutions	10	444	599	9	548	635
Rehabilitat'n Institutions	48	4,847	5,724	22	4,574	4,322
Medical Pro- tective Insti- tutions	6	776	1,004	121	16,725	10,888
Workshops	261	9,701	13,534	71	3,881	2,667
Shelter Pro- viding Insti- tutions	148	19,996	22,838	15	2,241	2,284
TOTAL	536	37,779	46,268	310	30,761	26,075

The Child Welfare Program

Financing of the child welfare program shifted (1 April 50) from national matching of local expenditures to the equalization grant process which bulks national funds from all sources and prevents earmarking, thus placing local governments in the position of determining program allocations from total national and local funds available. Early surveys indicated that the children's program suffered when placed in competition for funds with a wide variety of other local needs. Continuing reviews over a longer period will be required to determine how seriously the program will be affected. Retrogression in financing and in programming is most evident in those areas in the country in which the traditional cultural pattern has changed the least and in those prefectures with low local revenues and with longstanding developmental needs requiring heavy expenditures. Continuation of the present broad pattern of the children's program will depend upon leadership in the Children's Bureau on the various local committees interested in child welfare.

During the year the Children's Bureau continued and accelerated its programs in dissemination of information and in training. Various training courses for local directors and operational personnel were held throughout the country with a high degree of success while the Bureau, or such agencies as the Japan Social Work Association, printed and distributed excellent training material from indigenous and foreign sources. Successful annual celebrations of Child Welfare Week, including Children's Day, a national holiday, and the fourth annual National Child Welfare Conference, as well as special drives against juvenile delinquency, and an initial annual celebration of Foster Parent's Day and Foster Parent's Week assisted materially in the information program.

Offsetting the disadvantages which may result from the change in financing, the enactment of the Social Welfare Secretaries Law connotes a new era in services to children in their own or in foster homes. Reliance on the 50,000 volunteers for the performance of these services has not proven successful in the treatment of those children's problems as prevalent in Japan as elsewhere. The use of the Social Welfare Secretary (home visitor) serving out of welfare offices close to the family will serve to free the present too few child welfare officials who have specialized in services for duty as consultant specialists to the various district welfare offices and thus strengthen that program.

Emphasis during 1951 will be placed on coordinating the personnel and programs activated by the present welfare laws and on training personnel through in-service training and staff development programs. (See Chapter 7, Welfare, UNICEF Program, and Cooperation from United Nations Social Activities Division, for further child welfare information).

Specialized Schools of Social Work

The Japan School of Social Work in Tokyo completed its fourth year of operation since its organization in November 1946. The School has continued to expand its program in conformity with the training needs and demands of the social work field in Japan. Certificates were issued to 54 students (12 women and 42 men) who completed successfully in 1950 the one-year advanced course. Twenty-four students (1 woman and 23 men) completed the two-year regular course. Of the total of 78 graduates, 46 secured employment in public agencies, 24 were employed by private agencies and 8 transferred to other schools for further training. More students applied for admittance to the new term classes than could be accommodated. Enrollment had been necessarily limited because of facilities for 50 persons for each class but it was possible to increase the size of the classes to 60 each for the new term.

Methods of teaching were markedly improved during the year by adding to the staff several highly qualified teachers and lecturers and the development of case record material for teaching purposes. Improving the quality of the curriculum remained a continuing process in relation to the changing educational needs of the social work field and as improved teaching methods and facilities became available.

The Osaka College of Social Work during the year offered both the one-year advanced course and the two-year regular course of instruction.

The latter course was developed from the former three-year program, which was reorganized in conformity with national education standards, with the first students to be graduated in 1951. Twenty-two students (5 women and 17 men) were awarded certificates in 1950 upon completion of the one-year course. Of the graduates, 15 secured employment in new positions, five returned to former employment and two had plans other than immediate employment in the social work field.

Recognition should be given to the increasing number of other universities and colleges which are now offering social work courses of which more than twenty have been reported. Of this group, Doshisha University in Kyoto has developed a one-year graduate course with special attention devoted to developing teachers of social work. The development of social curriculums in additional universities and colleges has been limited somewhat by the lack of qualified teachers who have actually practiced in the social work field. There is a sustained interest, however, in improving professional standards within the social work field beyond the present ability to meet it and leadership and training related to actual needs in the fields of practice will ultimately provide the answer to this problem.

Social Work Education and Training

The development of using paid workers rather than volunteer workers in the public assistance and child welfare programs continued during 1950. Passage by the National Diet of the Law for Establishment of the Social Welfare Secretary (Law No. 182 of 1950) was an important factor in establishing personnel standards in the public welfare field. This law provided for the establishment of the position of social welfare secretary at local levels of government in connection with the administration of the Daily Life Security Law, Child Welfare Law, and Law for Welfare of Disabled Persons. Designation as social welfare secretary is attained through meeting specified educational standards, completion of training institutes, qualifying by examination, or by employment in social work and related fields on the occasion of the enforcement of the law. An interested development following enactment of the law has been the recognition of the need for raising personnel standards and development of training institutes and courses for personnel of the private field through which a number of persons have qualified as social welfare secretaries.

As the training program developed during the year it became apparent that major emphasis was being placed upon the dual functions of qualifying personnel as social welfare secretaries and developing a continuing on-the-job training program for the full-time workers already employed. A training unit was established within the Social Affairs Bureau of the Ministry of Welfare and similar units were developed in the welfare departments of all prefectures.

From May to July 1950 a series of four week-long block institutes were sponsored by the Ministry of Welfare for the benefit of prefectural directors of in-service training. These conferences provided an opportunity for the field to be brought up-to-date on legislation and new policies and procedures, and particular attention was directed toward a consideration of developing job descriptions and methods of training for welfare personnel.

A second series of eight block meetings were held from September through December for supervisors in social work. Ministry of Welfare personnel presented the major subjects in this course which included consideration of basic welfare laws and concepts of supervision as applied to local levels of government.

Three training institutes of two months duration each were held during the year which were attended by a total of 151 employees from private agencies. Prefecture Community Chests contributed toward meeting tuition expenses. The content of the institutes was in conformity with standards established by the Ministry for the qualification of social welfare secretaries and certificates of achievement were issued to those in attendance.

Considerable effort was devoted to training activities in the child welfare field. Encouragement was afforded this program by the presence of a United Nations child welfare consultant who conducted two weeks training courses in the cities of Osaka, Fukuoka and Miyagi. About 350 child welfare officials from child welfare centers and child welfare sections of prefectural governments attended the three meetings. In June a three day meeting for directors of nursery teacher's training schools was held at which time a minimum standard for the curriculum of nursery teacher's training schools was established. During July a four day training institute for children recreation leaders was held under the joint sponsorship of the Ministry of Welfare, Japan Social Work Association and Ibaragi Prefectural Child Welfare Association with 64 persons in attendance. A training meeting for child welfare officials was held for six days during December with 70 persons representing all prefectures in attendance.

International contacts and opportunities for study abroad have contributed a great deal to the development of social work professional status in Japan. United Nations fellowships were granted to seven highly qualified persons whose interests included the fields of public welfare administration, child welfare, social work education, child and maternal health and programs for the physically handicapped. The International Conference of Social Work held in Paris in July 1950 was attended by three delegates from Japan. The delegates also met with the International Committee of Schools of Social Work and on their return trip via the United States devoted some time for observation there. National leaders have had study visits in the United States with funds provided by the U. S. Government (GARIOA). Private sources for the sending of Japanese abroad have not been extensive but have been helpful. The experience of other nations has been an important resource for Japan. It is anticipated that Japan also has a contribution to make to other Asiatic countries and this has been demonstrated in part by having welfare personnel from Okinawa attend training institutes conducted jointly by the Ministry of Welfare and Japan Social Work Association in Tokyo.

The Tokyo Social Work Education Committee continued to hold monthly meetings during the year. One of the Committee's major contributions was the study and development of an in-service training curriculum which was widely used throughout Japan in developing in-service training courses.

The Kansai Social Work Education League formed several active working committees which were concerned with teaching and curriculum aspects of in-service training, survey of positions in the social work field and the study and compilation of a dictionary of social work terms which has been published for general use.

Disaster Relief

During the year the Disaster Relief Law was revised to provide a more equitable basis upon which to compute national subsidization of prefectural disaster relief expenditures. The revised law provides for national subsidies for disaster relief expenditures exceeding 1% of the ordinary tax as defined in the Local Tax Law of 1950.

Seven prefectures were subsidized from national funds during the year for expenditures in connection with major disasters. In these disasters prefectures expended approximately 640 million yen on relief under the Disaster Relief Law of which 193,100,000 yen was reported to have been met from national funds. Floods in Tohoku and Kanto Regions, the typhoon Jane in Kinki and Shikoku Regions and the typhoon Keisa in Kyushu and Chugoku Regions were reported to have affected 801,778 persons and to have destroyed or damaged 81,424 houses. In Osaka prefecture alone 450 million yen was expended on disaster relief during the typhoon Jane.

Program for Disabled Persons

The Law for the Welfare of Disabled Persons, passed by the Diet 26 December 1949, has been in force since its effective date 1 April 1950. While implementation of the law has proceeded somewhat slowly, due in large part to budget limitations, substantial progress has been made. Central and local Councils for Welfare of the Physically Handicapped have been established throughout the country. Three hundred full time welfare officials for the physically handicapped have been employed at prefectural and local levels of government and steps have been taken to assure the appointment of 407 additional such workers to complete the country's complement of such officials. Eighty-six thousand persons were issued handbooks for the physically handicapped entitling them to benefits under the law. The Ministry of Welfare has approved one national and 23 prefectural institutions for the manufacture of artificial limbs and other prosthetic appliances which will be available to the handicapped in accordance with the terms of the law. One national and 9 prefectural Rehabilitation Guidance Centers have been established, the national center at Sagami-hara having been officially dedicated in January 1950. In addition, 2 national and 2 prefectural vocational training and guidance centers for the blind have been established, with a third national institution for the training of the blind to be opened in 1951.

Workshops

Historically, Japan has placed great emphasis upon work-providing institutions as a primary means of meeting the needs of the needy unemployed. With the end of the war many such institutions were

inaugurated under both public and private auspices. During the past year the Ministry of Welfare has made a determined effort to enforce minimum standards concerning the operation of workshops and has been successful in eliminating many abuses which had characterized the workshop program. The following table indicates the extent to which the enforcement of minimum standards eliminated the marginal workshop during the enforcement period February - September 1950.

Authority for Establishing Workshop	Before Enforcement of Minimum Standards		After Enforcement of Minimum Standards	
	Public	Private	Public	Private
Under Daily Life Security	383	68	242	61
Under Social Work Law of 1938	351	420	193	191
Other	39	97	-	-
TOTAL	773	585	435	232

(Note: The above figures are intended only to indicate the effectiveness of the Ministry's efforts in eliminating those workshops which did not or could not comply with minimum standards. Following the enforcement project, workshops were subsequently approved or disapproved as inspections noted compliance or non-compliance with required standards).

Community Chest

During 1950 the Community Chest and the Japanese National Red Cross conducted separate fund campaigns, the former during the month of October and the latter during the month of May. Separation of the fund raising activities of the two national agencies was by agreement reached in 1948 that the 1949 campaign would be the last in which the organizations would conduct joint campaigns which were inaugurated in 1947. Both agencies were of the opinion that they had obtained sufficient experience in the techniques of fund raising and had been able to develop sufficiently extensive local organizations to justify separation. (See Chapter 7, Welfare, Japanese Red Cross, for results of Red Cross campaign).

The Community Chest Campaign reached 100.1% of its goal; its prefectural branches collecting a total of 1,012,863,384 yen. Thirty prefectural branches exceeded 100% of their goals, 11 exceeded 90%, 3 exceeded 80% while the 2 remaining branches fell under 80% of their quotas.

During the year the Central Community Chest Committee released a uniform accounts and audit system for use of the local branches. It continued its past effective supervision and guidance over the activities of the local branches, maintaining a field advisory service available to all local branches. Regional in-service training meetings were held with branch Community Chest officials and national and block conferences were held for the purpose of developing uniform plans and procedures for the organization and conduct of 1950 Chest operations. A successful effort was also made during the year by field representatives

of the Central Committee to participate in training programs conducted by prefectural branches for city and district Chest workers. The Central Committee continued to give effective assistance to the branches in preparation and distribution of Chest supplies including some excellent poster and publicity materials. National publicity released by the Central Committee throughout the year and during the campaign period continued to be of high caliber.

Considerable progress was made during the year at national and prefectural levels in the development of welfare councils. A representative national committee composed of representatives of both public and private agencies developed a plan for the formation of a national council and an outline for organization of prefectural and local councils was widely disseminated throughout the country. A temporary national council has been formed and several prefectures have reported progress in the development of prefectural and local councils. The national council, as well as local councils, are being formed along democratic lines, providing for maximum representation and participation on the part of member agencies and organizations. Formation of a national and prefectural and local councils is expected to furnish a needed private agency resource in the field of community organization at the several community levels in Japan.

Opportunity for the Managing Director of the Central Committee to attend the International Social Work Conference in Paris in July 1950 and to visit briefly in the United States while enroute back to Japan was important in expanding the Committee's concepts of federated fund raising. Departure at the end of the year of the Committee's capable director of publicity for a three month's study period in the United States under the National Leader's Program promises to further strengthen the Committee's technical staff.

Japanese Red Cross

Conducting its first annual campaign for funds independent of the Community Chest during the month of May, the National Society collected ¥422,940,181, representing 101.9% of its national quota.

Disaster Relief

As of December 1950 the Society, through its national, prefectural and local branches, is prepared to immediately dispatch in the event of disaster 356 Medical Relief Teams consisting of one doctor, four nurses, one clerk and one assistant; 5,964 Medical Teams consisting of one doctor and two nurses; and 9,433 Disaster Service Teams consisting of six volunteer service workers.

First Aid

Plans were perfected during the year for employees of the National Police and Ministry of Telecommunications to receive Red Cross first aid training as a regular part of their instruction. First aid training was also given extensively to the Rural Police and Fire Brigades and plans are underway for making first aid a regular part of the training programs of these two national organizations. A total of 388 First Aid Instructors were trained and qualified and a total of 64,043

persons attended first aid training courses during the year.

Water Safety

One of the new Red Cross programs, 33 chapters carried on water safety courses during the year. The Red Cross Water Safety Course was adopted as a regular subject at the National Rural Police Schools throughout the country. A total of 5,881 persons participated in life saving classes, 200 persons were qualified as Water Safety Instructors and 1,629 persons were awarded life saving certificates. A two reel film, "Water Safety," was produced during the year for general use throughout Japan for purposes of promoting water safety.

Medical Services

Japanese Red Cross Medical Institutions and their capacities as of December 1950 are as follows:

<u>Classification</u>	<u>Number of Institutions</u>	<u>Number of Beds</u>
Hospitals, general	67	9,295
Branch Hospitals	6	205
Clinics	77	322
TB Sanatoria	4	267
Maternity Hospitals	<u>6</u>	<u>263</u>
TOTAL	160	10,352

Partial list of patients treated in Red Cross medical institutions through December 1950 follows:

<u>Classification</u>	<u>In-Patients</u>		<u>Out-Patients</u>	
	<u>Number</u>	<u>Treatments</u>	<u>Number</u>	<u>Treatments</u>
Hospitals	72,365	2,676,315	1,015,959	9,142,800
Clinics	712	27,164	52,158	520,036
TB Sanatoria	1,354	82,136	1,999	25,804
Maternity Hospitals	<u>2,409</u>	<u>21,807</u>	<u>9,532</u>	<u>40,368</u>
TOTAL	76,840	2,807,422	1,079,648	9,729,008

Nursing Activities

One Red Cross Nurses Training College and 30 Red Cross Nurses Training Higher Schools have been approved by the Ministry of Welfare as Class A Nurses Training Schools. One thousand two hundred forty-four students were enrolled in the 30 Nurses Training Higher Schools during 1950.

The Home Nursing Instruction Program has continued to develop during the year with 30,000 persons having completed the prescribed training courses. Instructors that qualified through December 1950 totalled 178.

Volunteer Services

The new and important Red Cross Volunteer Services Program has

Public Health and Welfare in Japan - 1950

continued to go forward during the year as is indicated by the fact that on 30 December 1950 the program included 5,441 groups, 16,560 sub-groups and a total of 3,330,058 members. This represents a gain during the year of 832 new groups, 6,230 sub-groups and 818,206 members.

While reporting from the neighborhood and small volunteer groups has been most incomplete, the following table gives an idea of the kinds of activities and hours given by volunteers in the program:

<u>Kinds of Service</u>	<u>Members Participating</u>	<u>Hours Given</u>
Hygiene	13,800	41,132
Child Welfare	7,163	180,796
Nursing	257	2,197
Comfort	6,679	25,788
Cooking	3,343	16,233
Sewing	3,647	13,043
Transportation	320	2,194
Arts	7	-
Construction	7,205	31,526
Relief	1,109	16,310
Water Safety	136	1,240
Publicity	891	3,227
Clerical Work	3,311	15,411
Collection of Money and Relief Items	9,074	42,143
Others	165,544	9,907
TOTAL	222,486	401,147

Three publications were widely distributed among the Volunteer Service groups, "Let's Organize our Volunteer Service Groups," "Our Nutrition," and "Concrete Examples of Services." Of further interest was the awarding of 3,225 persons who had completed 100 hours of volunteer service and 1,508 persons who had completed 200 hours.

Junior Red Cross

The Junior Red Cross continued active with 4,617 new groups, including 1,559,307 new members enrolled in the program during the year. The national headquarters staff has provided active leadership to the chapter leaders, schools, and the Juniors during the year by a variety of well conceived programs.

The American Red Cross has provided consultant and advisory services to the Japanese Red Cross during the year on general administration, volunteer services and first aid, water safety and accident prevention following termination of the SCAP-ARC agreement. Study tours were arranged during the year for four Japanese Red Cross staff to visit American Red Cross installations in the United States, covering nursing services, Junior Red Cross, medical social services and fund raising. A fifth study visit to American National Red Cross Headquarters was arranged for the President of the Japanese Society but was curtailed for unavoidable reasons. American Red Cross monetary assistance to the Japanese Society totaled \$31,148.67 during the past year bringing the total American Red Cross assistance to the Society, including money and the dollar value of supplies, in the past five years to \$663,997.33.

Housing

The Housing Bureau of the Ministry of Construction has computed the housing shortage in Japan in December 1950 at 3,160,000 units. This estimate takes into account the following statistics based on a national housing census first inaugurated in 1948:

Housing shortage due to war	- 2,650,000 units
Housing shortage during war years	- 1,180,000 "
Housing shortage since the war	- <u>1,930,000</u> "
Total Shortage	5,760,000 "
Total housing built since war	- 2,600,000 "

The Housing Loan Corporation Law enacted in May 1950 supplies a needed national authority concerned with the public funding of low and moderate cost housing. The Housing Corporation was capitalized initially at 15 billion yen and began functioning in July under the new law. The following chart provides an analysis of the terms under which loans may be made available under the new law:

Type of Structure	Size of Structure	Construction Cost	Rate of Loan	Terms of Repayment	Interest Rate	Monthly Payments
Wooden	15 tsubo	¥380,000	75%	15 years	5.5%	¥3,015
Simple, fire-proof	15 "	510,000	75%	20 years	5.5%	3,432
Fire-proof Single unit	14 "	554,000	75%	30 years	5.5%	3,234
Fire-proof Multiple	14 "	554,000	75%	30 years	5.5%	3,234

Housing officials are contemplating revisions in the law to increase the rate of loans, lower the interest rates and extend the terms of payment in an effort to make the loans available to a greater number of people, particularly to persons of low moderate income who are not able to meet the present initial down payments and high monthly payments.

Livelihood Cooperatives

In December 1950 there were 1,130 Consumer's Cooperative Associations in Japan operating under the Consumer's Livelihood Cooperative Association Law of 1948. The Associations have a total of 2,213,092 members with investments totaling 234,926,938 yen. The scope and effectiveness of the local associations programs were substantially broadened during the year with the enactment of the Medium and Small Enterprise Cooperative Association Law which permitted the Consumer's Cooperatives to engage in cooperative savings and credit activities. Commemorating the second anniversary of the passage of the Consumer's Livelihood Cooperative Association Law, a film, "Flowers in the Sand," was produced under national and prefectural auspices and given nationwide distribution in an effort to publicize the consumer's cooperative movement. Regional training conferences were held throughout the country during the year, attended by prefectural and local cooperative officials. In December the Ministry of Welfare initiated a nationwide

project directed at strengthening the fiscal operations of the local associations and the establishment of uniform accounting and auditing procedures.

Licensed Agencies for Relief in Asia (LARA)

The agreement entered into between LARA and the Supreme Commander for the Allied Powers on 22 July 1946 by which LARA relief supplies imported to Japan were consigned to SCAP for distribution through the Japanese Ministry of Welfare was terminated 31 March 1950. LARA, which under its agreement with SCAP was never an operating relief agency in Japan, was given the election of acting as a private relief organization carrying out its own distribution of supplies in Japan or of entering into an agreement with the Japanese Government, as a private welfare organization, whereby the Japanese Government would assume responsibility for distribution of LARA supplies. The LARA representatives in Japan elected on the latter course and subsequent to 1 April 1950 the LARA program has been carried on under an agreement between LARA and the Japanese Government by which the Government accepts responsibility for LARA relief distributions. The program of import and distribution has been carried out along the same general principles and policies as were heretofore in effect.

During the year 1950 LARA brought into Japan 112 shipments of supplies totalling 2,839 tons, divided as follows:

Food	2,161 tons
Clothing	516 "
Medicines	2 "
Shoes	47 "
Yard Goods	15 "
Soap	54 "
Others	44 "
TOTAL	2,839 tons

As conditions in Japan improved, the ration of LARA food to the general social welfare institutions, such as orphanages, old people's homes and milk stations, were reduced and with a few exceptions distributions were cut during the year to semi-annual allocations.

Large quantities of non-fat milk and dried eggs available from the U. S. Government surplus made it possible for LARA to initiate certain new projects during the year. Milk, eggs, fats and sugar were distributed through health centers to TB patients unable to gain admittance into sanatoria and being cared for in their homes. This distribution was limited to persons on public assistance. University students whose physical examination showed a tendency to TB were provided with a similar ration. Both of these projects were greatly appreciated and LARA hopes to continue them until the termination of LARA activities in Japan.

Large quantities of powdered milk have been distributed to 85,000 students of night schools of senior high school grade in order to stimulate a lunch program for such students. This project is to be expanded to include more night school students during the first three months of 1951 in the hope that throughout all Japan lunch programs may be

started for students who work hard in the daytime and attend school for four hours, six nights a week in order to complete their high school training.

Allocations have been continued during the year to national TB hospitals and sanatoria and to the leprosaria. Disaster relief supplies were made available for distribution throughout the year and were especially useful at the time of the typhoon Jane on 3 September when more than 1,000 bales of clothing was shipped to the Kinki and Shikoku Regions and quickly supplied to the disaster sufferers.

Moderate quantities of clothing, shoes and yard goods have been distributed to the general social welfare institutions, but more than three times as much has been distributed to widows on relief with two or more children, to especially needy families through clothing stations, and to persons resettling on reclamation projects. These latter projects were all initiated during 1950.

LARA expects that the quantity of supplies received during 1951 will rapidly decrease. Most of the sending agencies are reported to be stock-piling clothing for Korean relief, and the removal of milk, cheese, fat and dried eggs from the U. S. Government surplus list seems to indicate that the amount of food imported during 1951 will also be greatly decreased. It is anticipated that the stocks on hand and known to be coming will be sufficient for one more distribution beginning in February for the general social welfare institutions. The LARA Committee is giving a great deal of thought to its plans for 1951 and hopes that the rapid slowing down of the LARA relief program may be done in such a way as to encourage intelligent planning on the part of the welfare institutions which have largely depended upon LARA supplies during the past four years.

Cooperative for American Remittance to Europe and the Far East (CARE)

During 1950, 37,793 packages, weighing 231.72 tons, worth \$250,269.48, were imported to Japan by CARE for distribution to the Japanese people. Of these, 47% were food packages, 51% consisted of woolen wuiting, cotton dress and pants material, blankets and knitting wool, and 2% were technical books for public libraries and universities.

The CARE program has provided a means by which individual donors can direct their gifts to specific individuals or institutions. A signed receipt from the beneficiary serves the donor as proof of delivery.

Not all packages distributed during the year were designated by their donors. Approximately 15% of the packages were thus distributed to the neediest cases recommended by the Ministry of Welfare and the LARA Committee. Many of the donors of such general relief packages, upon receipt of the name and address of the needy family receiving the gift, have continued to send packages to the family.

For Christmas and New Years, a total of \$2,890.50 worth of CARE food and cotton textile packages were distributed among 75 individual needy families, and 13 institutions housing 1,325 children.

Public Health and Welfare in Japan - 1950

The CARE Book Program, which started late in 1949 with the presentation of \$1,000.00 worth of books to the National Diet Library during 1950, brought additional distributions of books valued at \$4,509.50 to 25 institutional libraries throughout Japan.

Since the beginning of the CARE program in Japan a total of 101,291 packages valued at \$929,516.00 have been received for distribution.

UNICEF Program

The 1950 UNICEF program continued as inaugurated in 1949, with a clothing program for children of public assistance families, dry skim milk and dry whole milk for institutional and other children.

The clothing program was unique in that the Japanese Government paid for processing and manufacture into children's clothing of 1,382 bales of raw cotton donated by UNICEF. During the year 1950, distribution was completed as follows:

Boy's suits	206,015
Girl's dresses	196,199
Boy's and Girl's	
Underwear	396,591

Approximately 3,184,716 lbs. of dry skim milk were distributed as follows:

Primary Schools	66,210 children	1,404,815 lbs
Day Nurseries	7,300 "	166,665 "
Children's Institutions	80,000 "	1,600,626 "
Disaster Distribution	12,100 "	12,500 "

In addition, 86,649 lbs. of dry whole milk was distributed on doctor's orders to 3,250 infants in 17 selected prefectures in which health statistics indicated special need for supplemental feeding.

The special school lunch program for 66, 210 primary school children was a controlled study to determine the efficacy of special feeding programs. Results from periodic physical examinations are not, as yet, available. The UNICEF program has contributed much in the way of supplementary assistance to the needy in Japan and, with the LARA program, has served to provide a comparatively good diet for thousands of children in poor families and in institutions. The UNICEF program for 1951, while considerably reduced, will continue to provide milk to 50,000 children in institutions.

Cooperation from United Nations Social Activities Division

In 1950 the Division of Social Activities, Department of Social Affairs, made seven awards of fellowships to Japanese under the United Nations Social Welfare Fellowship Program. The fellowship program provided six months of intensive study and observation to Japanese leaders who were nominated for the awards by a Japanese committee which was given responsibility for a nationwide recruitment and screening

of candidates. The countries and fields of study included in the 1950 program were as follows: United Kingdom, two fellowships, one in rehabilitation of the handicapped, the other in child welfare services; Canada, one fellowship, in child welfare; United States, four fellowships, observation in social case work, in-service training and social work education, rehabilitation of crippled children and child welfare services. The study programs were very well planned and executed and skillfully geared to meet the needs and interests of the Japanese observers. Four fellowship awards have been programmed to Japanese for the year 1951.

The Japanese have participated in several important international projects undertaken by the United Nation's Department of Social Affairs during the year, including a survey of national resources for the blind, compilation of publications in the field of social welfare and analysis of social welfare legislation.

In addition to the benefits derived from the United Nations fellowship program described above, the child welfare program, particularly with respect to child welfare centers, benefited greatly as the result of nine months of highly productive effort on the part of a visiting consultant in child welfare secured through the Social Activities Department of Social Affairs, at SCAP's request. General changes in the program have resulted from her recommendations and further changes will result from amendments to the Child Welfare Law during 1951. An operational manual developed during the observation and training conducted at three important centers will form the basis for operation throughout the 46 prefectures.

Chapter 8

SOCIAL SECURITY

Program Trends

The effectuation of the Nine-Point Economic Stabilization Program continued to place heavy demands on the social security programs and many of the social insurances were hard pressed to meet the greatly increased costs. Conditions eased somewhat at the end of the year due to relaxation in national fiscal controls and increased employment and availability of funds resulting from U. S. Government procurement demands for Korea. The principal accomplishments in the social security field were in program planning and fiscal operations. Significant changes were made in legislation and administrative practices.

Readjustment in industry, capital demands, and tight money conditions caused tax and contribution collections to lag, wage payments to be postponed, and considerable transitional unemployment. As a result, the upward trend of unemployment compensation claims, costs under the various health insurance plans and welfare assistance, which began during the previous year, continued until the last few months of 1950. Data for these latter months seem to indicate that the peak of the trend has been reached.

Of most concern was the continuance during the year of a very high rate of utilization of medical services under the social insurances and the effect on their financial solvency. The health insurance aspects of these programs became of increasing importance as the major source of medical care for the population and income for the medical profession. The financing of such aspects was a major problem during the year.

The Health Insurance, Seamen's Insurance and National Public Service Mutual Aid Associations programs were able to meet such costs, though not without considerable delay, by exhausting reserves, borrowing funds and increasing contribution rates. Loans were not readily available and increased contribution rates not generally acceptable to the insured under the National Health Insurance plans. Many of them restricted services and a number suspended operations. The total coverage under the National Health Insurance Program was decreased approximately 2,000,000 persons by such suspensions.

Report of Advisory Council on Social Security

The Advisory Council on Social Security announced their recommendations on 16 October 1950. The Prime Minister accepted the report on behalf of the Government, transmitted it to the Diet, and appointed a Cabinet Committee to initiate legislation for implementing the recommendation.

The report stresses the development of local autonomy, adoption

of democratic policies and practices, integration of administration, improvement in medical services, and the necessity of limiting the social security program to the resources and fiscal capacity of the nation.

The salient features of the recommendations are:

1. Extension of social insurance coverage to include firms employing one or more workers instead of the present limitation to concerns employing five or more persons.
2. Centralization of responsibility for coordination of administration, legislation and policy determinations of the social security programs in a single Ministry of the National Government with maximum delegation of administrative operations to prefectural and local governments, and to health insurance societies organized to include the employer, employees and their dependents of each medium and large size firm.
3. No compulsory health insurance plan for the self-employed and the rural population. Each community will continue to exercise local option as to conducting a national health insurance program among its residents with full freedom of participation by the doctors and medical facilities on a contractual basis.
4. Increased financial aid by the National Government for tuberculosis control, construction of medical facilities and preventive medicine, and the assumption of 100% of administrative costs and 20% of benefit costs under the social insurances.
5. Consideration of adoption of a limited non-contributory pension plan for persons who have reached an advanced age and are not covered by one of the present programs.
6. Improvement of medical care through recognition in fee schedules of differences in professional ability, promotion of research and higher standards, and by encouraging an increase in the number of qualified nurses.
7. Establishment of a master plan of construction and distribution of medical facilities to make medical care available to all parts of Japan, and to provide a proper balance between various types of clinics and hospitals.
8. Full utilization of appeals and fair hearing procedures and representative advisory councils.

International Relations

Under the National Leaders Program by which SCAP sponsors the visits abroad of outstanding Japanese, the Vice-Chairman of the Advisory Council on Social Security, and an actuary and an administrative official of the Insurance Bureau, Ministry of Welfare, made tours of three months duration in the United States to study public and private agencies concerned with social security. One of the officials continued on a trip around the world, conferring with social security

administrators in a number of countries and at United Nations offices in Geneva. Selections were completed in December 1950 for similar tours in the United States by a representative of the prefectural social security administrators in Japan and by four members of the welfare committees of the National Diet. These Diet committees are responsible for the initiation and review of social security legislation prior to consideration by the House of Councillors and House of Representatives.

An important step in the resumption of international relationships was the acceptance to full membership of the Japanese National Federation of Health Insurance Societies in the International Social Security Association. The Association, a non-political organization, is an affiliate of the International Labor Office (a United Nations agency) and its objective is "to coordinate internationally and to strengthen efforts toward the extension, the protection, and the technical and administrative improvement of social security...."

Legislation

A number of amendments to the various social insurances laws were adopted, including provisions to meet the increased financial obligations, raise benefits to reflect changes in cost-of-living and wage rates, and make modifications necessary for conformance with related legislation.

Contribution rates under the Seamen's Insurance Law were raised from 4.2% to 4.8% for seamen and from 8.8% to 11.2% for employers. These increases were related primarily to medical costs and long-term old age and invalidity benefits. Rates under the Health Insurance Law were increased from a total of 5% to 6%, and the latitude in which the Minister of Welfare may vary the rate was increased from between 4.5% to 5.5% to between 5.5% to 6.5%. This latter legislation also provided for a qualifying period of six consecutive months in covered employment as a condition to eligibility for continuing Health Insurance benefits for former employees following termination of employment. Equivalent contribution rate increases were made applicable to National Public Service Mutual Aid Associations.

Amendments to the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Laws reduced penalty and interest rates on delinquent accounts to conform to the policy set by the National Tax Collection Law in reducing such charges generally. Legislation was adopted to provide for the reorganization and consolidation of various advisory councils and appeals committees pursuant to government policy.

Changes were made in legislation relating to the Government Pension System and the Seamen's Insurance Law to increase benefits for persons who have been retired for a number of years. This was done to make such pensions compare more favorably with those currently awarded on the basis of rates which have been increased to reflect to some extent the large rise in the cost of living.

Administration

Except for collection of contributions, there was considerable improvement in all aspects of administration. Informational services

were expanded; referees and appeal committees handled more cases and decreased the time-lag in making decisions; medical bills were processed more quickly and the doctors expressed general satisfaction in the promptness of payment for their services; in-service training was expanded; and considerable use was made of the advisory councils.

Specific administrative developments that occurred during the year are summarized in the following paragraphs.

The fee schedule, prescribed by the Ministry of Welfare and applicable to medical care costs under the social insurances, was modified to improve hospital services by increasing rates for nursing, attendants, and food, providing certain standards are maintained. Special committees representing affected groups were established to review the fee schedule and make recommendations for modifications so that the fees will reflect a proper evaluation of professional knowledge and skill instead of stressing the payment for compounding and selling of drugs, which has been the principal standard for reimbursement. A proper schedule will facilitate a desired objective in the development of medical science in Japan: the separation of medical practice and pharmacy.

A review of medical care costs under the Daily Life Security Law indicated per capita costs in excess of those experienced under the social insurances. In an effort to control such costs, each prefecture was requested to process medical care bills under the public assistance program through the Medical Fee Payment Fund Offices and to make payments according to the medical fee schedule utilized by the social insurances. A number of prefectures had begun such procedures by the end of the year.

A comprehensive reorganization of the advisory councils and appeals committees was effected early in the year. The Social Insurance Referees, one in each prefecture, continue to hear appeals under the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Laws, and the prefectural National Health Insurance Appeals Committees continue to act in that capacity under the National Health Insurance Law. However, the separate committees of high appeal under the Health Insurance, Seamen's Insurance and Welfare Pension Insurance Laws have been combined into a single central Social Insurance Appeals Committee to hear appeals from decisions of the referees under these three laws.

The former Social Insurance Medical Fee Calculating Councils, established separately under the Health Insurance, Seamen's Insurance and National Health Insurance Laws were abolished. The former central Social Insurance Medical Care Councils, established separately under the Health Insurance and Seamen's Insurance Laws, were combined in one central Social Insurance Medical Council. This Council performs the functions of both the former Central Medical Care Councils and Medical Fee Calculating Councils, and makes recommendations with respect to National Health Insurance as well as Health Insurance and Seamen's Insurance. The former local Social Insurance Medical Care Councils, established separately under the Health Insurance and Seamen's Insurance Laws in each prefecture, were combined in one Social Insurance Medical Council in each prefecture with responsibility extended to National Health Insurance as well as Health Insurance and Seamen's Insurance.

Translations of the Seamen's Insurance and Welfare Pension Insurance Laws and Ordinances, the Health Insurance Law, and the law and ordinance governing the Social Insurance Council, the Social Insurance Medical Councils, the Social Insurance Referees and the Social Insurance Appeals Committee, were published in printed form and given wide distribution among agencies in Japan and throughout the world. Work has begun on similar booklets for the Health Insurance Ordinance and the National Health Insurance Law and Ordinance. Increased interest in the concept of an independent organ to provide a system of appeals and fair hearings under the social insurances was evidenced. A national conference of all prefectural referees was held in Tokyo and a regional conference of referees in the northern prefectures was held in Fukushima during the course of the year. A system of regular monthly reporting on appeals activities was developed for the referees and the Central Appeals Committee. Analysis of these reports permits improved supervision and coordination by the Ministry of Welfare.

An extensive survey of Welfare Pension Insurance records was begun in June 1950 with the completion date set for March 1951. Due to war conditions, records for individual insured persons were decentralized to the prefectural social insurance offices with only a card index system maintained in the Ministry of Welfare. The card index has not been kept up to date, largely due to lack of personnel, and an exceedingly large number of duplicate records admittedly have accumulated. There were 22,450,000 index cards on file in the Ministry as of 31 May 1950 and these constitute the basis for the survey. It is hoped that the survey will result in accurate records with respect to persons now insured and in recommendations for an efficient method of continuing current records accurately.

Field Operations

Following the establishment, on 1 January 1950, of a Civil Affairs Section in GHQ, SCAP and the consolidation of Civil Affairs field activities in eight regions throughout Japan, replacing the prefectural and regional military government organization of Eighth Army, the functions of field personnel were redefined with respect to the social insurances.

The Chiefs of Civil Affairs Regions, pursuant to directives, exercised "general surveillance over social insurance administration by the prefectures, including prefectural, branch, district and municipal government offices, insurance societies, associations, cooperative juridical persons and federations, and the branch offices of the Social Insurance Medical Fee Payment Fund." Administrative reviews were made on the following subjects:

1. Functions, organization and staff.
2. Budgets and subsidies.
3. Coverage.
4. Collection of contributions.
5. Payment of cash benefits.
6. Medical care service and facilities.
7. Medical fees and payments.
8. Appeal procedure.
9. Advisory councils.
10. Information to persons concerned.
11. Reporting.

In addition to written directives given to regional offices, conferences were held in Tokyo for the benefit of personnel assigned primary responsibility in such offices for surveillance of social insurance operations.

Throughout the year numerous studies and special reports were completed by the regional offices. Many of the reports were quite exhaustive and in such detail as to give a clear analysis of the actual operations of the social insurances throughout the nation. Several of the studies were directly responsible for action taken by the Ministry of Welfare in rewriting procedures to remedy defects thus brought to light.

Chart 4 summarizes contributions and benefits costs of the various social insurances during the calendar year 1950.

SOCIAL INSURANCE CONTRIBUTIONS AND BENEFITS

JAPAN, 1950

PROGRAMS	CONTRIBUTIONS ^B COLLECTED	TOTAL BENEFIT COST	MEDICAL AND ALLIED BENEFITS ^A	
			CASES	AMOUNTS
HEALTH INSURANCE ^G	¥ 13,226,117,000	¥ 14,175,127,000	17,759,304	¥ 11,036,124,000
WELFARE PENSION ^S INSURANCE	19,055,778,000	14,892,206,000	21,464,375	10,174,791,000
	11,312,874,000	922,901,000		
WORKMEN'S ACCIDENT COMPENSATION INSURANCE	8,183,436,085	8,563,488,274	888,062	2,159,476,000
UNEMPLOYMENT INSURANCE	10,654,267,701	15,302,575,938 ^C		
SEAMEN'S INSURANCE	1,030,032,000	1,206,620,000	847,203	622,710,000
NATIONAL HEALTH ^D INSURANCE	9,323,635,000 ^E	9,468,583,000	17,107,658	9,344,876,000
GOVERNMENT PENSION SYSTEM	5,665,539,000	5,661,854,522		
NATIONAL PUBLIC SERVICE ^D MUTUAL AID ASSOCIATIONS	12,423,931,650	11,963,920,152	12,750,489	7,055,722,698
TOTAL	90,875,610,436	82,157,275,886	70,817,091	40,393,699,698

A. IN KIND OR CASH

B. GOVERNMENT SUBSIDIES EXCLUDED EXCEPT FOR LAST TWO PROGRAMS WHERE GOVERNMENT IS EMPLOYER AND BREAKDOWN NOT AVAILABLE

C. THE GOVERNMENT PAYS ONE THIRD OF BENEFIT COST

D. ESTIMATE BASED ON DATA FOR PART OF THE YEAR

E. INCLUDES BOTH CONTRIBUTIONS COLLECTED AND PARTIAL LIABILITY COSTS PAID BY INSURER FOR INSURED

G. GOVERNMENT-MANAGED

S. SOCIETY-MANAGED

SOURCE: PREPARED FROM DATA SUPPLIED BY VARIOUS AGENCIES IN THE JAPANESE GOVERNMENT

31, DECEMBER 1950

(4) PH 8 W/HS CHART NO. L-30 12-3-1950

Chart 4

Chapter 9

NATIONAL PARKS

Two new national parks were added to the park system during 1950. Upon recommendation of the National Parks Advisory Council, the Minister of Welfare, on July 10th, designated Chichibu-Tama as the 16th, and on September 5th, Bandai-Asahi as the 17th in the chain of national parks.

Chichibu-Tama is composed of 300,486 acres of scenic mountain and forest country, in Tokyo, Yamanashi, Saitama and Nagano prefectures. Bandai-Asahi contains 505,607 acres of similar scenic terrain, located in Yamagata, Fukushima and Niigata prefectures.

The Nikko National Park was greatly enlarged on September 22nd, when the Nasu-Shiobara area, comprising 204,160 acres was added to it. This addition brings the total area of the park to 347,419 acres. Smaller additions were made to the Yoshino-Kumano National Park near Nara and to the Inland Sea National Park, in order to include and assure the preservation of certain historic sites.

Chapter 10

NUTRITION

Nutrition Survey

The nutrition surveys (4) conducted during 1950 indicated no appreciable difference in caloric intake. The average consumption for all Japan was 2,098 calories in 1950 as compared to 2,097 calories in 1949. See Chart No. 5 for comparison of caloric intake in each season of the year, from year to year and between the large cities and the rural areas.

The breakdown of nutritional values of the foods consumed, however, is more interesting. On the whole, there has been a slight increase of those nutrients which have been most deficient in the past - namely, animal protein 14.3 grams (1949) as compared to 17.1 grams (1950); calcium .25 grams (1949) as compared to .27 grams (1950); riboflavin or Vitamin B2 of .69 mgms (1949) as compared to .72 mgms (1950). Thiamine or Vitamin B1 is well above the Japanese standard of 1.0 mgm, as they were 1.58 and 1.52 mgms in 1949 and 1950 respectively. The other nutrients are either equivalent to or higher than the Japanese standard with the exception of Vitamin A, which remained approximately 2,400 I.U. for both years; the Japanese standard is 3,000 I.U. This favorable change in the distribution of the diet is also indicated by the slightly lowered carbohydrate intake, which has been compensated by an increase in protective foods, the caloric level remaining constant.

The number of persons with deficiency symptoms just about parallels the previous year. The commonest symptoms are deficient lactation, delayed menstruation, loss of knee jerk, and cheilosis in the order mentioned. The number of individuals with deficiency symptoms for 1950 are greater in the rural areas (24.8%) (1949 - 23.1%) than in the urban areas (20.3%) (1949 - 17.1%). Heights and weights have shown a definite increase in all age groups.

Education and Training

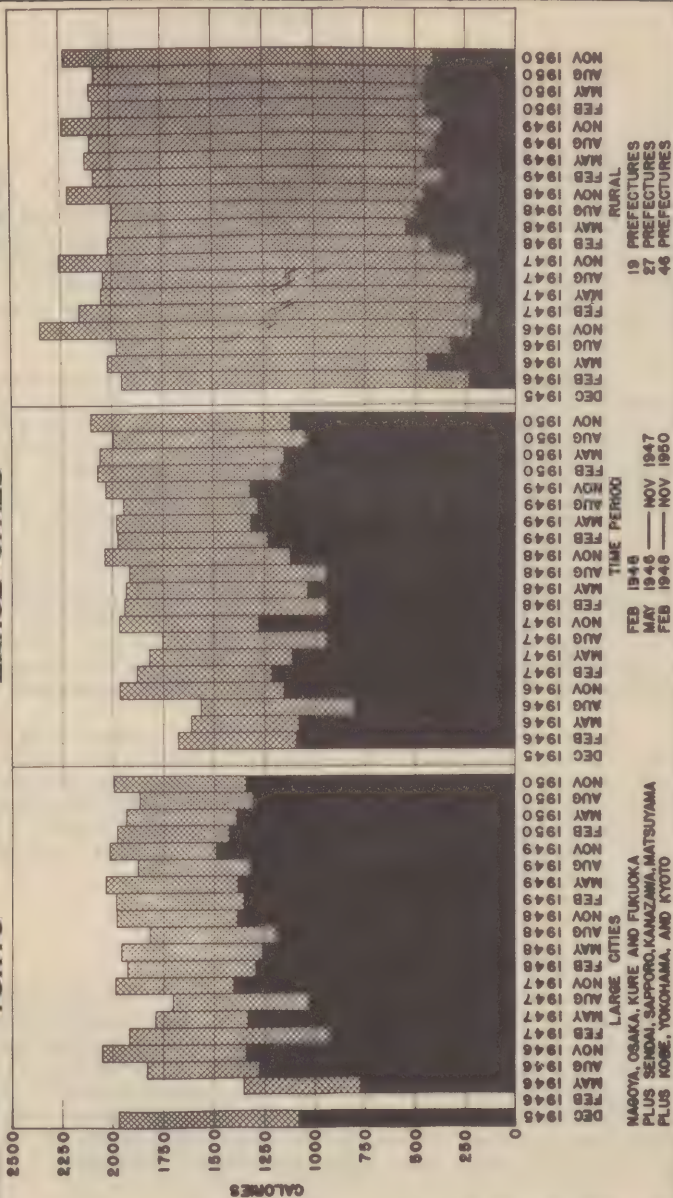
At the end of the year, 61% of the nutritionists working in the prefectural health department offices and health centers benefited from the refresher training course offered at the Institute of Public Health. Since the backlog of nutritionists in the above category has been greatly eliminated, the course is being extended to include hospital and school lunch nutritionists. The curriculum remains substantially the same with the addition of an extra month for field training in acceptable school lunchrooms and hospital kitchens.

School Lunch Program

The number of children benefiting from the program steadily increased from 6,100,000 to 7,000,000 by October 1950. Full lunches of

URBAN AND RURAL NUTRITION LEVELS CALORIES - JAPAN, 1946-1950

TOTAL **RATION** **TOKYO** **LARGE CITIES** **RURAL**



NAGOYA, OSAKA, KURE AND FUKUOKA
 PLUS SENDAI, SAPPORO, KANAZAWA, MATSUYAMA
 PLUS KOBE, YOKOHAMA, AND KYOTO

(5)

Chart No. 5

600 calories and 25 grams protein were started in July and served to 704,708 school children. All lunches include skim milk which equals 22 grams and a 100 gram portion of bread daily for each child. The program has been developed in order that milk received from imports and flour released through GARIOA are made available to the Japanese Ministry of Education free of cost. One hundred seven thousand, five hundred tons of flour was used in the program this year. Besides the milk and flour from SCAP sources, the Japanese Government set aside an allocation of miso, shoyu, sugar and oil which are made available to prefectural departments of education for purchase and resale. Schools serving complete meals add local produce such as vegetables and a little meat or fish to the bread and milk. Through the cooperative efforts of the Japanese Government, local governments, school boards and the PTA, 1,298 schools have been equipped to serve the complete lunch by the end of the year to 1,407,793 children. The cost of the program at present is borne by the child. Since both milk and wheat are free, each child pays ¥7 per day covering the cost of transportation, baking and other incidental expenses.

All efforts are being expended to make the school lunch a permanent program in Japan. The School Lunch Advisory Council has been organized under the Ministry of Education to study the existing conditions, to aid in planning the future status, scope and standards of the program and to help in writing suitable legislation.

United Nations Food and Agriculture Organization (UNFAO)

A nutrition representative from SCAP and a Japanese technical advisor attended the Second Nutrition Committee Conference for South East Asia of UNFAO at Rangoon, Burma during the first week in February.

Chapter 11

SUPPLY

Program Stabilization

The year 1950 might be generally characterized as a period of stabilization, effective in public health activities, as well as in other areas of professional and economic endeavor. There was a further marked improvement in realization by public and private non-professional leaders, of the importance of improved public health to economic and social recovery; that a healthy economy and a healthy body and mind are interdependent. The tendency was away from economic and social controls, toward an internal freedom of enterprise, and toward freedom of intercourse with foreign countries in technical, professional, economic, and social activities. Relaxation of SCAP controls were progressive, based on the ability of Japanese to act independently. The Japanese Government removed economic controls on industry as the internal status warranted.

This general trend toward freedom of enterprise was reflected in improved pharmaceutical affairs. Increased intercourse with foreign technological, professional, educational, and commercial interests, by means of communication and travel abroad, as well as by visits to Japan of foreign representatives, resulted in interchange of technical and commercial information mutually beneficial to the Japanese and foreign enterprises. Trade agreements between Japanese and foreign pharmaceutical interests were established or re-established. Foreign exchange funds were made available for importation commercially of technical literature and periodicals. Greater freedom in the use of available foreign exchange for importation of commodities resulted in considerable savings to United States appropriated funds, as well as in yen savings to the user of imported commodities. In addition, these commercial imports stimulated and developed resumption of normal international trade, to the economic benefit of the Japanese importers and of the foreign suppliers. However, this very freedom of economic activity made more stringent import controls necessary to insure maintenance of quality standards, as determined under the Pharmaceutical Affairs Law, for the protection of the public health. Trade organizations were strengthened and expanded, with increased interest and emphasis among members upon the inter-relationship between quality standardization and economic improvement. Rationalization in industry tended to limit production to more useful products, and to lower the cost to the consumer.

The legal machinery for establishment and enforcement of quality standards of medical supplies for the protection of the public health was strengthened. The national assay program was improved and expanded. Official standards were studied and promulgated. A new law enacted to control poisonous and powerful chemicals, other than drugs, replaced the previous less effective law. More stringent control over harmful drugs was established.

Important public health and welfare programs were recognized, and greatly increased appropriations are planned and recommended by the

Cabinet in the national budget for the coming Japanese fiscal year, to implement these programs.

Pharmaceutical and Medical Supply Industries

A program of inspection and testing has been instituted which will assure that all products manufactured and sold under the provisions of the Pharmaceutical Affairs Law meet established standards. At present, the quality of biologic products, antibiotic drugs, and certain other pharmaceutical products, is assured by rigid enforcement of regulations, so that these products compare favorably with those produced in the United States and other countries where quality standards are enforced.

With few exceptions the larger pharmaceutical plants are well designed and the essential equipment, while outdated, receives proper maintenance and can be considered to be adequate. However, many of the physical plants have deteriorated to a dangerously low level, and emphasis is necessarily placed on general rehabilitation of the industry. Even though handicapped by lack of modern equipment, with the increased availability of essential raw materials, the industry has rapidly approached a volume of production equal to or in excess of domestic demands. Hand manipulation has delayed the evolution of modern machine operated plants. Some improvement has been accomplished in 1950 by introduction of sterile techniques in ampule filling of antibiotics and intravenous injection fluids, accompanied by introduction by the two leading pharmaceutical manufacturers of automatic ampule filling machines for injection materials. Since the pharmaceutical industry is highly competitive, constant efforts are made to develop new products for new markets.

Japanese pharmaceutical manufacturers are coming to realize that quality goods must be produced if the industry is to compete with foreign markets in world trade. Therefore, they are constantly striving to improve production methods and techniques. Unlike the United States pharmaceutical industry, the Japanese manufacturers spend little time or money in the research field. They are, however, anxious to obtain all available scientific and technical literature pertaining to the industry.

Quality Control

In order to insure quality control of drugs, devices, and cosmetics, in accordance with the Pharmaceutical Affairs Law, there are two national laboratories for testing these products (See Chapter 2, Preventive Medicine, National Institute of Health and Institute of Public Health).

A lack of personnel, caused by budgetary problems, permitted only 72,786 separate inspections during 1950. A total of 22,466 cases involving violation of the Pharmaceutical Affairs Law were discovered, principally for producing pharmaceuticals without proper license, improper handling of poisons and powerful drugs, adulterated drugs, misbranded or mislabeled pharmaceutical products, counterfeit drugs, and practicing pharmacy without a license. Administrative disciplinary action by official reprimand or suspension of activities disposed of the majority of these offenses. These included suspension of manufacturing licenses in 117 cases, cancellation of five pharmacists

Public Health and Welfare in Japan - 1950

licenses, and cancellation of four manufacturers licenses. Procurators courts fined 25 violators and imprisoned one individual. Stronger enforcement of the law is resulting in gradual improvement.

The following table shows the type and number of establishments requiring inspection:

<u>Facilities</u>	<u>Number of Establishments</u>
Drug Manufacturers	2,902
Drug Sellers	34,558
Pharmacies	13,082
Hospitals	3,451
Clinics	44,130
Sanitary Goods Manufacturers	343
Sanitary Materials Manufacturers	119
Medical Instrument Manufacturers	1,023
Dental Instrument Manufacturers	261
Cosmetics Manufacturers	1,276
Importers	270
House-to-House Dealers	711
TOTAL	102,126

Production of Medical Supplies

The total value of reported drugs and medical supplies produced during 1950 was ¥37,480 million; in 1949 reported as ¥34,596 million. Such commodities as x-ray supplies and equipment, physiotherapy equipment, surgical instruments, and precious metals were not reported. Monthly average production for calendar year 1950 was approximately ¥3,123 million, compared with ¥2,883 million for calendar year 1949.

Considerable improvement was made during 1950, although the value increase of production does not reflect the degree. Many manufacturers had been producing non-essential products which could not be sold. Consequently, those producers suffered financial losses. The industry was advised by the Ministry of Welfare to manufacture pharmaceuticals on a planned production basis aimed at supplying demand items. This has been done by a great number of manufacturers. Few producers are now burdened with large stockpiles of unsalable merchandise. Even though the cost of critical raw materials has increased, the overall price index for pharmaceutical products has decreased 15%. This is attributed to improved production techniques and more efficient manufacturing facilities.

Streptomycin

In April licenses for commercial production of streptomycin were issued by the Ministry of Welfare to the following five companies:

Meiji Seika Kabushiki Kaisha
Kabushiki Kaisha Kagaku Kenkyusho
Kyowa Hakko Kogyo Kabushiki Kaisha
Nihon Seibutsu Kagaku Kenkyusho
Shimane Kagaku Kogyo Kabushiki Kaisha

Public Health and Welfare in Japan - 1950

It is interesting to note that the primary enterprise of none of the licensed producers is the manufacture of pharmaceuticals. With one exception, however, all are penicillin producers; that exception is closely associated with a penicillin producer. Meiji is a confectioner, Kagaku Kenkyusho is the famous Scientific Research Institute; Kyowa is a distiller; Nihon Seibutsu produces penicillin; and Shimane is a maker of chemicals.

The first commercial production of streptomycin was accomplished in July, and in formal public ceremonies on the 18th, the Minister of Welfare purchased for the Japanese Government this initial stock, for use in the tuberculosis control program. The quantity produced initially was small, but the event is extremely significant. Rapid development and growth of the industry is expected with solution of such technical problems as the development of a more potent strain of streptomycetes, improvement of extraction processes, and increased efficiency in recovery of solvents and in utilization of by-products. Expansion of facilities to large-scale plants is being executed by the licensed producers.

Total production in 1950 amounted to 118,611 grams, as follows:

July	1,700	grams
August	6,990	"
September	11,365	"
October	18,320	"
November	24,396	"
December	55,750	"
TOTAL	118,611	grams

Efforts to recruit a technical consultant in the United States to advise and aid Japanese interested in commercial production of streptomycin in solving their technical problems, were fruitless. One American manufacturer, Merck and Company, expressed interest in streptomycin production in Japan, and offered to send technical experts to Japan to make a survey and advise SCAP concerning collaboration between Merck and Japanese producers for exchange of technical know-how and assistance. The Ministry of Welfare and the commercial enterprises interested in production of streptomycin expressed a keen desire for such a survey. Accordingly, two technical experts from Merck visited Japan in June, and under PHW Section guidance made an extensive technical and commercial survey. In late September contract negotiations between Merck and Company and two of the licensed Japanese manufacturers were inaugurated in which offers were made by Merck to supply patent rights, technical data, strains, and plant design in exchange for royalty payments. The two Japanese producers are receptive to the offer, and as the year ends, are corresponding with Merck in order to resolve minor differences.

Imports of bulk sterile streptomycin were made, using United States appropriated funds (GARIOA), and through commercial channels using Japanese foreign exchange. A total of 2,808 kilograms arrived in Japan during the year, which was allocated to 13 commercial establishments licensed to sub-divide, packaged in one-gram vials, and sold to the Ministry of Welfare for use in the tuberculosis control program.

Penicillin

The penicillin industry in Japan has demonstrated marked progress since it was inaugurated in 1946. During 1950, continued advances were realized which have resulted in a product of proven quality with a decided reduction in price, making the Japanese product a factor in international trade. The volume of production was more than four times that in 1949, enabling removal of official price regulation. Responsible for these advances were improved production techniques, resulting in higher broth potency, expanded production facilities, and keen commercial competition among manufacturers.

Because of this remarkable advance in penicillin production, and its concomitant contribution to the Japanese public health, the Japanese Penicillin Producers Association has been cited to receive one of the annual public health awards for 1950 jointly made by the Dai Ichi Mutual Life Insurance Co., the Asahi Health Association, and the Ministry of Welfare, for outstanding achievement in the field of public health.

The table below indicates graphically the remarkable record achieved by penicillin production in Japan since initiation of commercial manufacture in late 1946, and the progressive decrease in cost. The value in 1947, 1948, and 1949 is based on official prices established by the Japanese Price Board. In 1950 the price control was removed. Value in 1950 is based on an estimated average price of ¥45 per 100,000 units.

PENICILLIN PRODUCTION

<u>CY</u>	<u>Units</u>	<u>Units/100,000</u>	<u>Av Price per 100,000 units</u>	<u>Total Value Million/Yen</u>
1946	negligible	--	--	negligible
1947	13,821,390,000	138,214	¥1,333 (offi-	184
1948	297,029,810,000	2,970,298	500 cial)	1,485
1949	1,798,300,177,000	17,983,002	140 "	2,518
1950	7,495,530,385,000	74,955,304	45 (est av)	3,373

Corn steep liquor is the medium of choice used in preparation of fermentation broths for cultivation of the penicillin mold. Stocks for use in Japan are imported from the United States. Because of accelerated penicillin production and resultant increased consumption rate of corn steep liquor, coupled with logistic delays in supply from the United States, a critical shortage developed in Japan early in 1950 which threatened to cause manufacturers to suspend production. Expedient action initiated by PHW Section coupled with coordination with other SCAP agencies, Department of Army procurement officials, and San Francisco Port authorities, resulted in a schedule of shipments which averted the crisis. A Nagoya corn starch products manufacturer has experimented with corn steep liquor production in Japan. The company plans to install especially constructed evaporators costing ¥11,000,000 which should assure high-grade corn steep liquor suitable for penicillin production. It is estimated a daily output of six metric tons should be sold for approximately one-half the current price.

Biologics

Although the production of biologic products in 1950 continued to

improve, vaccines, with the exception of smallpox vaccine, were distributed under control by the Ministry of Welfare to insure their most effective use in the preventive vaccination program. Sufficient quantities of vaccines were produced to satisfy the preventive vaccinations required by law. Stocks of smallpox vaccine were large enough to permit distribution through normal commercial channels without control by the Ministry of Welfare.

The value of biologic products manufactured in Japan in 1950 was ¥1,096,700,000 compared with ¥416,000,000 in 1949. A portion of this increase represents production to supply special procurement for civilian immunization programs in Korea.

A noteworthy development in the biologic production field in 1950 was the introduction of commercial scale production of blood plasma. While the production was relatively small, the one licensed producer supplied 4,395 liters for non-military use in Korea, and an additional 11,939 liters were distributed to hospitals and clinics in Japan.

Listed below is a comparison of production of biologic products in 1949 and 1950.

Product	1949	1950
	Quantity Passed Assay	Quantity Passed Assay
BCG vaccine (dried)	4,294,600 doses	29,976,300 doses
BCG vaccine (diluent)	3,670,920 "	29,458,400 "
Smallpox vaccine	80,559,905 "	19,158,700 "
Diphtheria Toxoid	2,382,890 cc	12,455,000 cc
Typhoid-paratyphoid vaccine	13,683,990 cc	39,189,200 cc
Pertussis vaccine	149,939 cc	4,989,200 cc
Tuberculin O.T.	1,663,351 cc	10,758,000 cc
Typhus vaccine	2,014,460 cc	5,576,500 cc
Cholera vaccine	348,900 cc	6,584,300 cc
Diphtheria antitoxin	545,635 cc	908,900 cc
Tetanus antitoxin	427,055 cc	1,205,700 cc
Influenza vaccine	- - -	6,800 cc

For further details on the biologics program see Chapter 2, Preventive Medicine, Laboratories in Japan.

Para-aminosalicylic Acid (PAS)

Until May, para-aminosalicylic acid (PAS) was manufactured in Japan only for investigational use in the national tuberculosis control program, to supplement streptomycin in the chemotherapy of active tubercular patients. Upon recommendations by the National Board of Pharmacy, the Ministry of Welfare issued licenses on 6 May to five producers for commercial production. At the close of the year there were 24 concerns licensed to manufacture, of which 15 were in actual production. Increased production and price reductions have resulted from competition and unrestricted sale of the drug. Official standards have been adopted. Compulsory national assay will be required in 1951. The form of PAS most commonly made and used is its sodium salt, sodium para-aminosalicylate.

The figures below indicate production progress during the year:

January	565 kg	July	15,902 kg
February	937 kg	August	22,834 kg
March	1,393 kg	September	14,647 kg
April	1,411 kg	October	18,440 kg
May	5,043 kg	November	24,019 kg
June	11,189 kg	December	24,852 kg
1950 Total.....141,232 kg			

TB-1

Another chemotherapeutic agent which has been demonstrated to be effective in the treatment of tuberculosis is a thiosemicarbazone known as TB-1-698 (4-acetylaminobenzal-thiosemicarbazone). It has been used either alone or in combination with other chemotherapeutic agents such as streptomycin, dihydrostreptomycin, and PAS. Clinical tests, however, indicate TB-1 produces dangerous delayed toxic disturbances in body tissues.

Although several manufacturers in Japan are producing TB-1, none has been licensed for commercial production. Their product under existing laws and regulations can be used only for investigational purposes; it may not be sold or otherwise distributed without violating the Pharmaceutical Affairs Law. Unless a product with marked reduction in toxic effect is developed, no licenses will be issued for commercial production.

Medical and Surgical Instruments

The surgical and dental instrument industry consists of small enterprises. It is the practice to farm out contracts to numerous small manufacturers, many of whom are actually home industries. This method has resulted in a lack of uniformity in quality and design. During 1950 there was an increasing effort on the part of the Medical Instrument Manufacturers Association and the Dental Instrument Manufacturers Association to work out methods for improvement and standardization of medical and dental instruments and equipment. Both associations have formed committees to establish standards of design and quality, and have gathered together as a cooperative group to permit purchase of raw materials of a uniform character. As a result, considerable improvement in these supplies can be expected.

Textile Sanitary Materials

Production of textile sanitary materials during early 1950 increased to satisfactory levels which permitted removal of distribution controls in May. Reported production totalled 10,649,000 pounds of finished materials valued at ¥4,687,600,000. Allocation of raw cotton permitted production of 8,702,200 pounds of absorbent cotton which represented an increase of 8% over the previous year. Gauze and bandage production fell below anticipated production schedules, because only 71% of cotton thread and yarn allocations were actually delivered. However, sufficient stocks of finished gauze and bandage were carried over

from 1949 production to provide for domestic requirements and allow sales of ¥399 million for special procurement for Korea.

Production of woven textile sanitary materials from stocks of imported raw cotton involves many steps in Japan. Imports are delivered to the Ministry of International Trade and Industry and turned over to the Japan Spinning Association, which agency delivers allocated quantities to its spinning mills. The weavers then ship cotton yarn through brokers to the Japan Weaving Association, where it is distributed to weaving mills under its jurisdiction, and processed into cotton cloth. No provisions are made for specified allocations of cotton cloth to textile sanitary material manufacturers. Such manufacturers are required to deal directly with the weavers or through brokers for necessary stocks, and it is entirely up to the weavers to determine the quantities of cloth available for sanitary materials. The Ministry of Welfare successfully completed negotiations with one weaver to supply sanitary material producers exclusively. This company has installed larger looms. As a result, production of gauze and bandage should improve during 1951.

MONTHLY AVERAGE PRODUCTION - SANITARY TEXTILE PRODUCTS
(Unit - pound)

<u>Product</u>	<u>1946</u>	<u>1947</u>	<u>1948</u>	<u>1949</u>	<u>1950</u>
Absorbent cotton	29,125	214,371	321,092	396,400	725,100
Gauze	37,845	57,537	105,165	141,800	104,400
Bandage	<u>46,118</u>	<u>40,226</u>	<u>100,071</u>	<u>63,300</u>	<u>57,800</u>
TOTALS	113,088	312,134	526,328	601,328	887,300

Insect and Rodent Control Supplies

The satisfactory status of the supply of insecticides in 1950 permitted the Ministry of Welfare to dispose of its large emergency reserve of almost 3.5 million pounds of DDT 10% dust and over a half million gallons of DDT 5% residual spray.

There were no particular problems of quantity availability of any type of insect and rodent control supplies during the year. There was, however, a question raised concerning quality and effectiveness of the Japanese produced DDT dusting powder. Following decontrol of DDT distribution in 1949, a few inferior products were marketed because quality enforcement had not been effectively established. This resulted in very unfavorable publicity, with resultant loss of confidence in all Japanese produced DDT products.

The manufacturers, in conjunction with Japanese Government officials at the National Hygienic Laboratory, conducted chemical, physical and biologic tests using lice as the test animal, to determine the efficacy of DDT products made in Japan. Tests indicated some slight variation between products of separate manufacturers, but demonstrated that their effectiveness was satisfactory. Comparative tests with DDT products made in the United States produced comparable results. It was concluded that the cause of ineffectiveness had been faulty technique of application. Publicity campaigns disseminated correct

information. Official standards were established for DDT and quality enforcement strengthened.

The Ministry of Welfare licensed 14 manufacturers to produce pyrethrum emulsion during 1950. Only those producers who completed production schedules and who produced satisfactory insecticide the previous year were considered. Production goal was established at 413,750 gallons of pyrethrum emulsion concentrate (30x) which would produce 12,412,500 gallons of finished insecticide. Sufficient petroleum allocation was approved to complete the project. Due to the high price caused by the marked increase in cost of raw materials, and the resulting reduction in demand, only 216,000 gallons of the 30x emulsion were produced.

Benzene hexachloride (BHC) was introduced into Japan during the year and produced on an experimental basis by a few manufacturers. Intensive research on the part of manufacturers, plus laboratory tests performed at the National Hygienic Laboratory, showed toxic effects on humans to be comparatively low, and production licenses were issued to 47 manufacturers. Standards for BHC were in the process of being completed at the year's end, and a technical committee was appointed by the BHC Manufacturers Association to study the possibility of eliminating the disagreeable odor of the product.

A summary of production statistics in 1950, and export quantities, follows. Export quantities include procurement for use in Korea.

<u>Product</u>	<u>Production</u>	<u>Export</u>
DDT 100%	1,746,798 lbs	20,020 lbs
DDT 10% Dust	6,805,873 lbs	1,815,800 lbs
DDT 5% Residual Spray	2,642,603 gals	500,000 gals
DDT 75% Wettable Powder	253,537 lbs	190,640 lbs
DDT 50% Wettable Powder	22,000 lbs	22,000 lbs
Pyrethrum Emulsion 30x	216,000 gals	
Sprayers and Dusters	290,569	(Substantial quantities were procured in Japan for Korea, Okinawa, Formosa & Indochina during 1950)

Imports and Exports

The success of Japanese foreign trade programs depends upon increasing exports in relation to imports to establish a satisfactory trade balance. To stimulate normal trade, private trade procedures were inaugurated in the beginning of the year. Many financial and trade agreements were signed with other countries, and Japanese industrialists were permitted to travel abroad to promote international trade and good will.

In spite of the difficulties encountered in rebuilding war-damaged industry and trade, and in bringing about adjustments in production necessary to meet foreign competition, the pharmaceutical and medical supply industries were able to contribute in re-establishing foreign trade.

In 1950, imports using United States appropriated funds (GARIOA) and foreign exchange funds available to the Japanese Government were scheduled for 19 commodities, valued at \$2,875,572, consisting of finished medicines, crude drugs, and raw materials for pharmaceutical production. Due to logistic difficulties, actual imports against this program amounted to only \$1,953,581, or 68% of the scheduled value.

Of this amount \$515,800 were expended from GARIOA funds, a reduction of 50% of 1949 GARIOA expenditure.

Items imported by private trade agreements using foreign exchange funds amounted to \$1,437,781, classified by percentage as follows:

Finished medicines	45%
Crude drugs	25%
Chemicals and intermediates	7%
Petrolatum	3%
Others (principally lactose)	20%

Finished medicines imported represent those unavailable in Japan and those needed to supplement indigenous production, such as streptomycin, chloromycetin, aureomycin, terramycin, and para-aminosalicylic acid.

In addition to scheduled imports, miscellaneous medical items amounting to \$968,257 were imported during the year. Also imported were technical equipment and machinery valued at \$145,553 to aid in the rehabilitation of the medical supply industries.

Exports of all products from Japan in 1950 aggregated \$780,000,000 as compared with the pre-war export annual average of \$500,000,000. Total exports of pharmaceutical and medical supplies valued at \$4,569,401, the peak export attained since end of the World War II, included the following medical categories, with quantities in percentages: 62% medicines, 23% sanitary goods, and 15% medical and dental goods and instruments. With procurement for Korea following the outbreak of hostilities in June, exports of drugs and other medical supplies increased sharply. Procurement for Korean relief is made in dollars. Since it contributes to available foreign exchange, it is here classified as export. During the seven month period June-December, exports of medical items were valued at \$4,360,383, for a monthly average of \$622,911, compared with a monthly average of \$41,803 for January through May. In addition to Korea, other areas supplied were Formosa, Okinawa, Hongkong, Thailand, and Brazil.

In December export controls for designated pharmaceuticals were re-established, requiring license by the Japanese Government and validation by SCAP for items of strategic importance, to prevent depletion of necessary stock levels.

Decontrol of Critical Materials

To limit and defeat inflation, a stringent economic stabilization program had been implemented by rationalization of production, and re-establishment of normal competitive enterprise. As a result, during the early part of 1950, the pharmaceutical and medical supply industries were faced with production exceeding distribution, and with the prospect of continuing inventory accumulation. In an effort to remedy this situation, allocation and distribution controls were removed from the majority of rationed medical supplies, which resulted in reductions of unsalable inventories in these items, and stimulation of trade through normal channels. In the second half of the year, large demands for medical supplies created by the Korean conflict contributed further to an increase in production, higher sales, and a reduction in inventories.

The industries were in a position to adequately supply to the consumer essential products at low cost.

On 1 January 1950, there were 51 items of medical supplies designated by the Minister of Welfare for ration controlled distribution. Ration control is maintained to conserve and to insure equitable distribution of essential items in the interest of the public health. At the end of the year only seven items of drugs were being rationed. During the year, 33 medicines were removed from ration control and one medicine placed under control. In addition, the 12 designated items of textile sanitary materials were removed from distribution control.

There were 115 items of essential raw materials distributed under allocation control at the beginning of the year. With the smooth supply from indigenous sources and from private imports, it was necessary to retain controlled allocation of only 28 items as the year ended.

Law for the Control of Poisonous and Powerful Agents

The Law for the Control of Poisonous and Powerful Agents was enacted by the Diet in December, replacing the Control Law on Business of Poisons or Powerful Agents, of 1947, which it had been found necessary to amend extensively in the interests of protection of the public health against hazards resulting from improper control over dangerous chemicals which are not subject to the Pharmaceutical Affairs Law.

The new law provides for (1) registration of manufacturers, importers, and sellers of such chemicals; (2) employment of qualified personnel by manufacturers, importers, and sellers; (3) safeguards against improper handling and storage; (4) proper labeling; (5) restrictions on sale and other distribution; (6) special provisions concerning tetraethyl lead and monofluoroacetic acid derivatives, and other such poisonous agents; (7) necessary amendments of other existing pertinent laws; and (8) penalties for violations.

Foreign Investment Law

The Foreign Investment Law was passed 10 May 1950. The purpose of this law is to create a sound basis for foreign investment in Japan by (1) limiting the induction of foreign investment to that which will contribute to the self support and sound development of the Japanese economy and to the improvement of the international balance of payments, (2) by providing for remittances arising from foreign investment, and (3) by providing for adequate protection for such investments.

Under provisions of this law, agreements between Japanese and foreign pharmaceutical companies can be made whereby the Japanese company can obtain the manufacturing processes and patent rights of the foreign company, the foreign company being compensated in dollars or sterling procured from the Japanese commercial account. Negotiations between Merck and Company and Japanese streptomycin producers are being conducted under the provisions of this law.

National Board of Pharmacy

The Pharmaceutical Affairs Law provides that the Minister of Welfare shall appoint a National Board of Pharmacy to consist of, at least, 51 members chosen from among educators in the fields of pharmacy, medicine, dentistry, and veterinary medicine, officials of the Japanese Government, and from among recognized specialists in the fields of pharmacy, medicine, dentistry, and veterinary medicine.

The National Board of Pharmacy was created for the purpose of conducting national pharmacist examinations for licensure of pharmacists, revising official compendiums (Japanese Pharmacopoeia and Japanese National Formulary), and to make recommendations to the Minister of Welfare concerning new and non-official drugs and other pharmaceutical affairs as defined by the Law. The tenure of office for members is two years, or until replaced by the Minister of Welfare.

Following the promulgation of the Pharmaceutical Affairs Law, a National Board of Pharmacy was appointed in 1948 consisting of 85 members. The two-year term of office expired in 1950.

On 17 October new appointments were made to the National Board of Pharmacy. The new Board will serve until 17 October 1952, and will consist of 70 persons chosen from the fields cited above. Of the previous Board, 42 persons have retired and 43 were reappointed. In line with a recommendation made by the American Pharmaceutical Association Mission, which visited Japan in July 1949, the new membership includes 37 licensed pharmacists, a majority.

National Pharmacist Examination

The Pharmaceutical Affairs Law provides that the National Board of Pharmacy shall conduct a National Pharmacist Examination at least once each year, under the supervision of the Minister of Welfare, to determine eligibility for licensure, and that there shall be a theoretical and a practical examination.

One such National Pharmacist Examination was held early in 1950 and resulted in a high percentage of failures. In order to provide an opportunity for unsuccessful applicants to be re-examined, the National Board of Pharmacy decided to conduct a second examination during the year. The theoretical examination was held in November with the practical examination to be conducted in 1951.

	<u>Number of Applicants</u>	<u>Number Examined</u>	<u>Number Passing</u>
Spring 1950			
Theoretical examination	2,940	2,916	1,713
Practical examination	2,005	1,992	1,888
Fall 1950			
Theoretical examination	1,154	1,125	778

Practice of Pharmacy

A detailed study, under Ministry of Welfare sponsorship, was made of the professional services of physicians, dentists, and pharmacists

to determine steps necessary to delineate these professional services among the separate professions, to provide modern effective medical care at lowest cost to the patient commensurate with economic security for the practitioner.

The study was made in an effort to implement a recommendation of the mission of the American Pharmaceutical Association that steps be taken to separate the professional practices of medicine and pharmacy. The professional organizations of physicians, dentists, and pharmacists were unable to resolve fundamental differences in attitude. As a result, the Minister of Welfare, in August, appointed two councils to advise him on recommended action. The Medical and Pharmaceutical Systems Deliberation Council was organized to study the related professional practices, and the Temporary Council for Medical Care Payment was to study the economic implications involved in the change of professional systems. See Chapter 4, Medical Care, Separation of the Practices of Medicine, Dentistry and Pharmacy.

Pharmaceutical Education

A pharmacist must be prepared to advise members of other professions in the medical care program in the utilization and efficacy of pharmaceutical products, and be able to prepare and dispense medicines according to the prescription of the physician or the dentist or the veterinarian. He must be able to act as an aid to the physician in the furtherance of the public health program in Japan. Improperly educated and trained pharmacists are a definite health hazard. They may concoct, dispense, or sell medicines which have been improperly prepared or have not been certified for safety. The practicing pharmacist must be fully versed in the legal aspects of drug administration, including control over narcotics. In addition, the pharmacist should be familiar with the commercial production of medicines, and of the ingredients which he will use in his daily pharmaceutical practice.

The leaders in Japan in pharmaceutical education are revising college courses and other training to fit into this new concept, for Japan, of a pharmacist. In the past, pharmaceutical education in Japan was aimed at training chemists rather than pharmacists. Educators are changing curricula so that a greater emphasis is placed on training in the practice of pharmacy.

Interchange of Persons

A program was established by which SCAP-sponsored national leaders in various professional, economic, and cultural fields were enabled to visit the United States for a period of three months as guests of the United States Government, to study and investigate in their fields of interest. In the field of public health, the Federal Security Agency in Washington supervised the activities of the visitors, and arranged itineraries based on SCAP recommendations.

In 1950, three national leaders visited the United States to study pharmaceutical affairs. The Director of the Pharmaceutical and Supply Bureau, Ministry of Welfare, studied the national and local administration of the American drug and cosmetic program; the President of the

Japanese Pharmaceutical Association investigated the professional practice and organization of pharmacists; and the Chairman of the Pharmaceutical Education Committee studied the system and methods of the professional education of pharmacists.

Counterpart Fund for Tuberculosis Control

The U. S. Aid Counterpart Fund receives yen deposits commensurate with dollar cost of supplies furnished with United States appropriated funds. The Counterpart Fund is used to aid in economic recovery and to help finance important Japanese Government projects. An allocation of ¥270,000,000 from the Counterpart Fund was approved in 1950 for construction of additional facilities for treatment of tubercular patients. A total of 1,400 additional beds in 14 prefectures are planned, each facility consisting of 100 beds. A loan of ¥60,000,000 to one of the licensed streptomycin producers is also under consideration and should receive approval early in 1951, which will permit expansion of the plant to full-scale commercial production.

Ministry of Welfare Budget

The Japanese fiscal year begins 1 April and ends 31 March of the following calendar year. The fiscal year 1951/1952 national budget was formulated, studied, and approved by the Cabinet in late 1950. Legislation for its enactment was introduced into the Diet in December. It is expected final Diet action will be taken in late February or March.

Although the size of the General Account for the Japanese Government for the coming fiscal year is slightly under that for the current fiscal year, the Ministry of Welfare has succeeded in obtaining a marked increase in its appropriations. This increase of almost 30% is accompanied by an increase in personnel of 797. The Ministry of Welfare feels this favorable consideration for its budget is due to two primary causes: (1), the strong support for important programs exerted by PHW Section of GHQ, SCAP and (2), the increased awareness by financial and economic officials of the importance to national development of improved health and welfare of the people. A table of comparisons follows:

<u>General Account</u>	<u>JFY 1951/52</u>	<u>JFY 1950/51</u>	<u>Gain or Loss</u>
Japanese Gov't	¥650.0 billion	¥660.0 billion	-¥10.0 billion
Ministry of Welfare	¥ 44.3 "	¥ 34.2 "	+¥10.1 "
Personnel for Min/Welfare	29,814	29,017	+ 797

The General Account of the Ministry of Welfare in FY 1951/52 consists of 147 items or projects, for a total of ¥44,272,047,000 to support activities of the Minister's Secretariat, the six bureaus, the Repatriation Relief Agency, and 14 other agencies under the jurisdiction of the Ministry of Welfare. Such projects as the tuberculosis control program and the health center program have received substantial budgetary increases. Appropriations for national expenditure for

tuberculosis control, a total of ¥8,278,693,000, are 1.55 times those made in the fiscal year 1950/51. The program will include preventive measures, treatment, provision of increased hospitalization, and training for professional personnel. The health center program features additional construction of 20 new health centers and the expansion and elevation of status of existing health centers.

The equalization principle is being continued in the 1951/52 budget for projects where it is applicable. Depending on Diet action, between 31 and 37 projects of the Ministry of Welfare are to be included in the equalization grant for an estimated total of between ¥3.4 billion and ¥4.1 billion.

Chapter 12

NARCOTICS

Administration

Since 1 April 1950, at which time narcotic agents were designated National Government officials, the Ministry of Welfare has been the responsible agency for narcotic enforcement in Japan. Instructions to, and reports from, narcotic agents are dispatched direct since prefectural governors have no jurisdiction over narcotic agents. The immediate result has been a decided improvement in enforcement. The Narcotic Section, Ministry of Welfare, and the narcotic agents stationed in various prefectures have undertaken an extensive program of liaison with National Rural Police, municipal police, customs, and tax agencies.

The narcotic budget for the fiscal year ending 31 March 1951 was ¥41,504,000. Revenue accruing to the National Government through the enforcement of the narcotic laws for the calendar year 1950 was as follows:

Registration Fees	¥21,100,360
Sale of Official Orders and Stamps	173,320
Fines	<u>5,033,800</u>
TOTAL	¥26,307,480

Narcotic Addiction

Heroin is the principal drug used for narcotic addiction. Addicts classified according to the narcotic drugs to which they are addicted are as follows:

Heroin	79.4%
Morphine	8.1%
Opium alkaloid hydrochloride	8.8%
Cocaine	3.7%

A comprehensive study of narcotic addiction is underway. A special branch has been established in the Narcotic Section to compile information and statistics on narcotic addicts. The information to date shows the younger addicts, 20 to 35 years of age, are almost entirely heroin addicts and are supplied by smugglers from the Asiatic continent. These addicts are members of the underworld, the females being prostitutes and the males being classified as thieves, robbers, gamblers, black-marketeers and vagrants.

Morphine addiction is limited almost entirely to older addicts who acquired addiction before the enforcement of the narcotic laws. While the seizures of morphine were high, 3.534 kilograms, the number of morphine addicts is relatively small. However, the registrant's entire stock is seized if he is guilty of violating the narcotic law.

Foreign nationals in the illicit traffic have a high rate of narcotic addiction, many of whom have smoked heroin for years on the Asiatic continent. Among the foreign national addicts were found all the opium smoking addicts and opium eaters arrested in Japan.

Illicit Traffic

Seizures of heroin totalled 10.951 kilograms. All of this, with the exception of 100 grams of unreported pre-war stocks, was smuggled into Japan. Seizures of raw opium totalled 228.973 kilograms. Of this amount, 223.575 kilograms were seized in Miyazaki Prefecture from a farmer who had stolen the opium from a former Japanese military depot. A Korean attempting to sell the opium in Kobe led the arresting officers to the opium concealed in a hayloft on the premises of the Miyazaki farmer.

Six hundred eighty-six grams of Iranian stick opium were seized in Tokyo. The opium had been cut into small pieces and placed in a whiskey bottle. The opium had been smuggled into Japan by air and three Iranians, nine Japanese and two Koreans were arrested in connection with the seizure.

Seizures of heroin proved the smuggling routes being used from the Asiatic mainland. One seizure, 1.987 kilograms, was made in Kinosaki, Hyogo Prefecture, from three Koreans whose maritime produce company had established a regular smuggling route from Korea to Okishima, Yonago, and Kobe.

Narcotic agents in Tokyo successfully negotiated for the purchase of 450 grams of heroin for ¥1,000,000. Three Japanese were arrested and 450 additional grams were seized from another of the defendants. It was established the entire amount of heroin had been obtained from the chief of the Kyushu Communist Party, who stated he had obtained the heroin from a Korean who had already returned to North Korea. The two principals in this case were sentenced to four years and ¥30,000 fine and three years and ¥10,000 fine.

Two recent seizures of heroin, 3.878 and 0.676 kilograms, revealed that the heroin had been brought in by Chinese smugglers who entered Japan at Kure from Hongkong in the first instance, and at Yokohama in the second instance. Both seizures bore labels which showed the brand of clandestine laboratories in China.

Thefts and burglaries from registrants continued to be a source of supply although there were only 168 such losses in 1950 compared to 293 in 1949. The reduction is attributed to instructions issued by the Narcotic Section, Ministry of Welfare, which advised registrants that loss of narcotics through negligence or inadequate storage equipment would result in administrative disposition, suspension of license, or prosecution. The narcotic licenses of 42 registrants were suspended after it had been thoroughly proven that loss of narcotics was due to negligence.

Arrests and Convictions

Inspections of registrants totalled 18,599 and investigations totalled 3,904. There were 2,737 arrests which are classified as follows:

	<u>Registrants</u>	<u>Non-Registrants</u>
Doctors	286	21
Dentists	9	10
Pharmacists	16	42
Veterinarians	15	2
Others	-	<u>2,336</u>
TOTAL	326	2,411

Among the above were 293 Chinese and 352 Koreans.

Convictions for narcotic violations totalled 1,225 which are classified as follows:

Illicit possession	589
Illicit sale	442
Cultivation of opium poppy	15
Forging narcotic documents	8
Others	<u>171</u>

Among the above persons 163 were registrants and 1,062 were non-registrants. Also included were 128 Chinese and 91 Koreans.

The sentences are classified as follows:

<u>Registrants</u>	<u>Penalty</u>	<u>Total</u>
24	Penal servitude	15 years and 6 months
5	Penal servitude and fine	15 years and 11 months; and ¥54,000
64	Fine	¥790,000
32	Penal servitude and fine (suspended sentence)	21 years and 6 months; and ¥465,000
38	Penal servitude (suspended sentence)	14 years and 6 months

In addition there were 10 others either not guilty or released by the court.

<u>Non-Registrants</u>	<u>Penalty</u>	<u>Total</u>
645	Penal servitude	703 years and 8 months
76	Penal servitude and fine	76 years and 3 months; and ¥1,419,100
80	Fine	¥949,500
107	Penal servitude (suspended sentence) and fine	68 years and 9 months; and ¥1,212,200
132	Penal servitude (suspended sentence)	87 years and 9 months

Public Health and Welfare in Japan - 1950

<u>Non-Registrants</u>	<u>Penalty</u>	<u>Total</u>
6	Deportation	-
10	Penal servitude and Deportation	17 years
2	Penal servitude (suspended sentence) and deportation	2 years
1	Deportation and suspended sentence	-
1	Deportation and fine (suspended sentence)	¥36,000
1	Deportation and fine	¥36,000

In addition there were 67 others including three Chinese and two Koreans who were either not guilty or released by the court. There were also 284 other defendants including 25 Chinese and three Koreans whose cases were either nolle prossed or otherwise disposed of before reaching the courts.

International Cooperation

Extensive liaison and exchange of information was carried on between the Narcotic Control Division, Public Health and Welfare Section, GHQ, SCAP, and the United States Commissioner of Narcotics.

The Assistant Chief, Narcotic Section, Ministry of Welfare, studied narcotic administration and enforcement in the United States with the Bureau of Narcotics for three months. The results of the study were excellent and have been reflected in an improvement in administration. Extensive study was also made of the reporting system as established by the United Nations for the international control of narcotics.

APPENDIX

APPENDIX

-- Foreword --

The following Appendix contains the Provisional Summary of Health and Welfare Statistics for 1950 and also supplements data published in the 1948 and 1949 Summaries. A statistical analysis preceeds the table and chart presentations.

APPENDIX

PROVISIONAL SUMMARY OF HEALTH AND WELFARE STATISTICS
FOR 1950

Index to Contents

	<u>Page</u>
Introduction	113
Population and Factors Affecting Birth and Death Rate Trends...	113
Base Population	113
Trends in Birth and Death Rates	113
Births	114
Numbers and Rates	114
Seasonal Rates	114
Mortality and Morbidity	114
Deaths According to Age	115
Deaths from Selected Causes	115
Tuberculosis, All Forms	115
Tuberculosis of the Respiratory System	116
Vascular Lesions Affecting the Central Nervous System.....	117
Enteritis, Colitis, Ulceration of the Intestines and Diarrhea (All Ages).....	118
Enteritis, Colitis, Ulceration of the Intestines and Diarrhea (Under 2 Years of Age).....	118
Enteritis, Colitis, Ulceration of the Intestines and Diarrhea (2 Years of Age and Over).....	118
Malignant Neoplasms	119
Senility and Senile Psychosis	119
Pneumonia, Including Pneumonia of the Newborn	120
Heart Diseases.....	120
Nephritis and Nephrosis	121
Accidents and Poisonings	121
Congenital Debility	121
Bronchitis and Bronchiectasis	122
Premature Birth	122
Ulcer of Stomach and Duodenum	123
Suicide and Self-Inflicted Injury.....	123
Ill-Defined Conditions, Unknown and Unspecified Causes.....	124
Dysentery, All Forms	124
Dysentery, Bacillary	125
Dysentery, Amebic	125
Whooping Cough	126
Meningitis Except Meningococcal and Tuberculous	126
Congenital Malformations.....	127
Syphilis and Its Sequelae	127
Deliveries and Complications of Pregnancy, Childbirth and the Puerperium	128
Puerperal Fever	128

	<u>Page</u>
Beriberi	128
Measles	129
Empyema and Pleurisy	130
Appendicitis	130
Japanese "B" Encephalitis	130
Diabetes Mellitus	131
Homicide	131
Tetanus	132
Birth Injuries	132
Influenza	133
Diphtheria	133
Acute Poliomyelitis, Including Late Effects	134
Typhoid Fever	135
Meningococcal Infections	135
Typhus and Other Rickettsial Diseases	136
Leprosy	137
Paratyphoid	137
Pulmonary (S. japonicum) Schistosomiasis	138
Malaria	138
Rabies	139
Filariasis	139
Scarlet Fever	140
Smallpox	140
Anthrax	141
Cholera	141
Plague	141
Glanders	141
Yellow Fever	141
Trachoma	141
Infectious Diarrhea	142
Dengue Fever	142
Gonorrhea	142
Chancroid	142
Lymphogranuloma Venereum	143
Infant Mortality	143
Infant Deaths from Selected Causes	143
Congenital Debility	144
Pneumonia, Including Pneumonia of the Newborn	144
Premature Birth	145
Enteritis and Colitis, Ulceration of the Intestines and Diarrhea	145
Other Diseases Peculiar to Early Infancy	145
Bronchitis and Bronchiectasis	146
Congenital Malformations	146
Whooping Cough	147
Beriberi	147
Accidents and Poisonings	147
Sudden Death, Unknown and Ill-Defined Conditions	148
Meningitis Except Meningococcal and Tuberculous	148
Measles	148
Birth Injuries	149
Tuberculosis, All Forms	149
Convulsions and Tetany	150
Syphilis and Its Sequelae	150
Tetanus	150

Public Health and welfare in Japan - 1950

	<u>Page</u>
Erysipelas	151
Septicemia and Pyemia, Non-puerperal	151
Influenza	151
Dysentery, All Forms	151
Diphtheria	152
Meningococcal Infections	152
Japanese "B" Encephalitis	152
Scarlet Fever	153
Malaria	153
Stillbirths	153
Marriages	154
Divorces	154
Non-Nationals	154
Births, Deaths and Infant Deaths of Japanese Nationals Outside of Japan	155
Hospitals	155
Number of Hospitals	155
Total Patient Load	155
In-Patient Load	155
Out-Patient Load	156
Bed Capacity	156
Bed Occupancy	156
Nutrition Surveys	157
Welfare	157

INDEX TO TABLESHistorical Tables

<u>Table</u>	<u>Page</u>
1. Population by Prefecture: Japan, 1949-1950	159
2. Population by Age: Japan, 1949-1950	160
3. Population, Live Births, Deaths, Infant Deaths, Stillbirths, Marriages and Divorces: Japan, 1948-1950	161
4. Live Birth, Death, Infant Death, Stillbirth, Marriage and Divorce Rates: Japan, 1948-1950	161
5. Live Births and Live Birth Rates by Month: Japan, 1948- 1950	162
6. Live Births and Live Birth Rates by Prefecture: Japan, 1948-1950	163
7. Deaths and Death Rates by Month: Japan, 1949-1950	165
8. Deaths and Death Rates by Prefecture: Japan, 1949-1950....	166
9. Deaths and Death Rates for Selected Causes by Month: Japan, 1949-1950	168
10. Deaths and Death Rates for Selected Causes by Prefecture: Japan, 1949-1950	181
11. Deaths, Death Rates and Rank Order for the Ten Leading Causes of Death: Japan, 1949-1950	209
12. Deaths and Death Rates by Five-Year Age Groups: Japan, 1949-1950	211
13. Deaths and Death Rates for Tuberculosis by Five-Year Age Groups: Japan, 1949-1950	212
14. Live Births, Maternal Deaths and Maternal Death Rates by Month: Japan, 1948-1950.....	213
15. Cases and Case Rates for Selected Communicable Diseases by Month: Japan, 1947-1950.....	214
16. Cases and Case Rates for Selected Communicable Diseases by Prefecture: Japan, 1948-1950	227
17. Infant Deaths and Infant Death Rates by Month: Japan, 1948-1950.....	260
18. Infant Deaths and Infant Death Rates by Prefecture: Japan, 1948-1950.....	261
19. Infant Deaths and Infant Death Rates for Selected Causes by Month: Japan, 1948-1950.....	262
20. Infant Deaths and Infant Deaths Rates for the Ten Leading Causes of Infant Deaths: Japan, 1948-1950.....	272
21. Stillbirths and Stillbirth Rates by Month: Japan, 1948- 1950.....	274
22. Stillbirths and Stillbirth Rates by Prefecture: Japan, 1948-1950.....	275
23. Marriages and Marriage Rates by Month: Japan, 1948-1950...	276
24. Marriages and Marriage Rates by Prefecture: Japan, 1948-1950.....	277
25. Divorces and Divorce Rates by Month: Japan, 1948-1950.....	279
26. Divorces and Divorce Rates by Prefecture: Japan, 1948-1950	280
27. Number of Hospitals by Kind, Total Patients, In and Out Patients, Bed Capacity and Percent of Beds Occupied by Month: Japan, 1949-1950.....	281

Current Tables

<u>Table</u>	<u>Page</u>
28. Live Births, Deaths, Infant Deaths, Stillbirths, Marriages and Divorces by Prefecture: Japan, 1950 . . .	287
29. Live Birth, Death, Infant Death, Stillbirth, Marriage and Divorce Rates by Prefecture: Japan, 1950.	288
30. Live Births by Month by Prefecture: Japan, 1950	289
31. Live Birth Rates by Month by Prefecture: Japan, 1950. . .	291
32. Deaths by Month by Prefecture: Japan, 1950.	293
33. Death Rates by Month by Prefecture: Japan, 1950	295
34. Maternal Deaths and Death Rates by Cause by Prefecture: Japan, 1950.	297
35. Communicable Disease Cases and Deaths and Communicable Disease Case and Death Rates: Japan, 1950	300
36. Communicable Disease Cases and Deaths and Communicable Disease Case and Death Rates by Prefecture: Japan, 1950	301
37. Infant Deaths by Month by Prefecture: Japan, 1950	319
38. Infant Death Rates by Month by Prefecture: Japan, 1950. .	322
39. Infant Deaths and Infant Death Rates for Selected Causes by Prefecture: Japan, 1950	324
40. Stillbirths by Month by Prefecture: Japan, 1950	335
41. Stillbirth Rates by Month by Prefecture: Japan, 1950. . .	337
42. Marriages by Month by Prefecture: Japan, 1950	339
43. Marriage Rates by Month by Prefecture: Japan, 1950. . . .	341
44. Divorces by Month by Prefecture: Japan, 1950.	343
45. Divorce Rates by Month by Prefecture: Japan, 1950	345
46. Number of Hospitals by Kind, Total Patients, In and Out Patients, Bed Capacity and Percent of Beds Occupied by Prefecture: Japan, 1950.	347
47. Consumption of Total and Rationed Foods in Calories per Capita per Day, Each Quarterly Nutrition Survey: All Japan; Tokyo; Other Cities and Rural Areas, 1950	353
48. Nutrients per Capita per Day, Each Quarterly Nutrition Survey: All Japan; Tokyo; Other Cities and Rural Areas, 1950.	357
49. Food Consumption in Grams per Capita per Day, Each Quarterly Nutrition Survey: All Japan; Tokyo; Other Cities and Rural Areas, 1950	360
50. Number of Persons and Percent of Total Surveyed Showing Deficiency Symptoms According to Quarterly Nutrition Surveys: All Japan; Tokyo; Other Cities and Rural Areas, 1950.	365
51. Average Body Height and Weight by Age: Japan, 1950. . . .	368
52. Number of Persons Found Underweight and Overweight Measured from the Standard Weight by Age Groups, According to Quarterly Nutrition Surveys: All Japan; Tokyo; Other Cities and Rural Areas, 1950.	369
53. Percent of Persons Found Underweight and Overweight Measured from the Standard Weight by Age Groups, According to Quarterly Nutrition Surveys: All Japan; Tokyo; Other Cities and Rural Areas, 1950.	374
54. Average Weight Deviation in Kilograms per Persons Above and Below the Ten Percent Level Measured from the Standard Weight by Age Groups: All Japan; Tokyo; Other Cities and Rural Areas, 1950	379

Public Health and Welfare in Japan - 1950

<u>Table</u>	<u>Page</u>
55. Live Births, Deaths, Infant Deaths, Stillbirths, Marriages and Divorces of Non-Japanese Nationals in Japan by Month: 1950.	382
56. Live Births, Deaths and Infant Deaths of Japanese Nationals Outside Japan by Month: 1950	382

INDEX TO CHARTS

<u>Chart</u>	<u>Page</u>
A-1. Map of Japan	383
A-2. Birth and Death Rates - Japan, 1875-1950	384
A-3. Birth Rates by Month - Japan, 1950	385
A-4. Birth and Death Rates by Prefecture - Japan, 1950	386
A-5. Death Rates by Month - Japan, 1950	387
A-6. Death Rates for Ten Leading Causes of Death in Japan: 1923-1943 and 1947-1950	388
A-7. Tuberculosis, Diphtheria and Scarlet Fever Case Rates by Prefecture - Japan, 1950	389
A-8. Influenza, Whooping Cough and Measles Case Rates by Prefecture - Japan, 1950	390
A-9. Japanese "B" Encephalitis, Malaria and Typhus Fever Case Rates by Prefecture - Japan, 1950	391
A-10. Dysentery, Typhoid Fever and Paratyphoid Fever Case Rates by Prefecture - Japan, 1950	392
A-11. Infant Death and Stillbirth Rates - Japan, 1899-1950	393
A-12. Infant Death Rates by Month - Japan, 1950	394
A-13. Infant Death and Stillbirth Rates by Prefecture - Japan, 1950	395
A-14. Death Rates for Eight Leading Causes of Infant Death in 1950- Japan, 1923-1943 and 1947-1950	396
A-15. Stillbirth Rates by Month - Japan, 1950	397
A-16. Marriage Rates by Month - Japan, 1950	398
A-17. Marriage and Divorce Rates by Prefecture - Japan, 1950 ...	399
A-18. Marriage and Divorce Rates - Japan, 1883-1950	400
A-19. Divorce Rates by Month - Japan, 1950	401

APPENDIX

PROVISIONAL SUMMARY OF HEALTH AND WELFARE STATISTICS
FOR 1950

INTRODUCTION

All data for 1950 in this report are provisional. Data for 1948 and 1949 are final. Reference must be made to annual summaries for both 1948 and 1949 to obtain a complete historical series of final statistics.

The format of some of the tables published in earlier reports has been revised. All tabulations are by place of occurrence of the event. Data refer to Japanese Nationals only and are for events which occurred within Japan proper, excepting as shown in Tables 56 and 57.

Rates are shown for prefectures and also for "shi" and "gun" groups. The words "shi" and "gun" might be thought of as Japanese "urban" and "rural." All places classified as "shi" contain populations of 30,000 or more and have been recognized as such by constituted prefectural and national government authority. All places outside of the geographic limits of the "shi" are referred to collectively as "gun" in this report.

Monthly rates are computed on an annual basis for vital events such as births, deaths, marriages and divorces. Rates for specific causes of death and also for morbidity are expressed per 100,000 population as of 1 July. Infant death rates and stillbirth rates are per 1,000 live births which occurred during the same time period. Maternal death rates are expressed both per 100,000 population (Ref. Tables 9 and 10) and per 1,000 live births. (Ref. Tables 14 and 34.) (Monthly mortality statistics are based on a calendar month, whereas monthly case reports are for cases reported for 4-week or 5-week periods. Rates for both mortality and morbidity are calculated on an annual basis.)

POPULATION AND FACTORS AFFECTING BIRTH AND DEATH RATE TRENDS

Base Populations

The base population used in this report for Japan as of 1 July 1950 was 83,800,000 (Ref. Table 1) as published in Japanese Economic Statistics, Bulletin No. 51, November 1950, Economic and Scientific Section, GHQ, SCAP.

Trends in Birth and Death Rates

There were 2,356,765 births and 908,782 deaths in 1950. The excess of births over deaths was 1,447,983 and the natural rate of increase was 17.3 per 1,000 population. As was expected, the rate declined sharply from the 1949 figure (21.3). The birth rate (28.1 per 1,000 population) declined sharply from the rate (32.8) in the preceding year and may possibly reach the long-time trend level for 1920-1937 at 24.4 in 1951.

The death rate in 1950 (10.8) decreased from 11.5 in 1949, establishing the lowest point of record and one which was well below the long-time trend of pre-war years. Next year it may reach as low as 10.2. If so, the rate of natural increase would fall to 14.3 per 1,000 population.

BIRTHS

Numbers and Rates

Live births totalled 2,356,745 in 1950; males 1,212,472 and females 1,144,273. The provisional birth rate was 28.1 per 1,000 population, which has been lower only four times in the last three decades. In 1938 and 1939 the rates were 27.1 and 26.6, respectively. The rates for 1945 and 1946 were 23.2 and 25.3. There was a decrease of 339,873 live births between 1950 and 1949, which was a reduction of 13 percent. Correspondingly, there was an increase of 24,302 stillbirths or 13 percent. (Ref. Charts A-2 and A-13 and Tables 3 and 4.)

The birth rate for all "shi" combined was 25.6 per 1,000 population in 1950 and for all "gun" 29.7. (Ref. Tables 29 and 31.)

Prefectural rates ranged from 22.4 in Kyoto to 35.8 in Aomori. The rate in Aomori Prefecture was highest in 1949 and second highest in 1948. Other prefectures having rates well above the national average include Hokkaido (34.3), Iwate (33.9), Nagasaki (33.1) and Fukushima (33.0). Many of these same prefectures had high rates in the previous year. Others having rates well below the average include Tokyo (23.4), Wakayama (24.2), Nara (24.4) and Okayama (24.4). (Ref. Tables 6, 29 and 31.)

Seasonal Rates

The monthly distribution of natality rates followed the usual seasonal cycle. The January rate (36.3 per 1,000 population on an annual basis) was the highest, decreasing to the lowest point (23.7) in June. It then rose to a secondary peak (28.0) in September, after which it decreased to 26.1 in December.

Although there was the characteristic decrease in the December rate, the reduction from that for November was only 3.7 percent. In 1949, the corresponding decrease was 5.5 percent; 1948, 16.4 percent; and in 1947, 16.3 percent. This shows a remarkable change in the customary practice of earlier years of delaying many registrations of occurrences in December to January of the following year. Between 1947 and 1948 the January rate in 1948 was 67.0 percent above the December figure. The corresponding figure in January 1949 was 67.4 percent and in January 1950 it had fallen to 24.3 percent. (Ref. Table 5.)

MORTALITY AND MORBIDITY

Deaths totalled 908,782; males 468,761 and females 440,021. The death rate (10.8) was the lowest on record. It was approximately half the rate (21.4) 26 years before. (Ref. Chart A-2 and Tables 3 and 4).

Public Health and Welfare in Japan - 1950

For all "shi" the death rate was 9.6 per 1,000 population and for all "gun" 11.6 (Ref. Tables 32 and 33).

Prefectural death rates ranged from 8.4 in Tokyo to 13.2 in Ishikawa and Tokushima. Other prefectures having high rates included Aomori (13.0), Iwate (12.9), Oita (12.7), Shimane (12.7) and Toyama (12.6). Those having low rates included Kanagawa (8.9), Osaka (9.3), Kyoto (9.8), Hokkaido (9.9) and Shizuoka (9.9).

The monthly distribution of death rates (Ref. Chart A-3 and Table 7) was rather similar in 1950 to that of the two preceding years. Excepting for January, February and December the rates were below those for 1948 and 1949. All rates were well below those for the corresponding month in 1947 and greatly so compared to the median rates (1935-1941) before the war.

Deaths According to Age

Provisional age-specific death rates reached new all-time low points in each age group excepting at 60 years and over, although in several instances the reduction was very slight. (Ref. Table 12.) A review of historical trends in death rates by age brings out the striking fact that during the 4-year period 1947-1950, percent reductions accomplished were as great and often greater than those recorded over a 20-year period earlier (1924-1943). Data are not available for 1944-1946. For example, in the age group under 5 years of age, there was a reduction of 39.9 percent between 1947 and 1950. Between 1924 and 1943, the reduction was 37.5 percent.

Deaths from Selected Causes

Death rates for the 17 following causes were the lowest of record according to data recorded in 1920 and thereafter: tuberculosis, (enteritis, colitis, ulceration of intestines and diarrhea), (ill-defined, unknown and unspecified causes), (meningitis, except meningococcal and tuberculous), beriberi, diphtheria, typhoid fever, tetanus, scarlet fever, leprosy, (deliveries and complications of pregnancy, childbirth and puerperium), (senility and senile psychosis), (pneumonia, including pneumonia of the newborn), (bronchitis and bronchiectasis), (empyema and pleurisy), measles, and congenital debility. Death rates for paratyphoid fever, smallpox, schistosomiasis and tsutsugamushi equalled the lowest rates of record. There were no deaths recorded in 1950 from cholera, plague, anthrax, yellow fever, and glanders.

The death rates from the following causes were the highest of record: birth injuries, homicide, malignant neoplasms and premature birth.

Tuberculosis, All Forms (Int. List No. 001-019)

Tuberculosis is still the leading cause of death, after holding that position for 14 consecutive years, including 1950 when it was responsible for 122,099 deaths and a death rate of 145.7 per 100,000 population. At the same time, it should be noted that the rate has declined from its all-time peak of 280.0 during the war to its lowest

point of record. A little more than 13 of each 100 deaths from all causes in 1950 was from tuberculosis.

The death rate from tuberculosis for all "shi" combined was 172.2 per 100,000 population and for all "gun" 129.8.

Prefectural death rates (Ref. Table 10) from this disease ranged from 81.9 in Yamanashi Prefecture to 206.8 in Hokkaido. These same prefectures have held these relative positions for 3 years, 1948-1950. Other prefectures having rates well above the national average include Aomori (199.6), Osaka (174.5), Kyoto (170.7) and Iwate (170.3). Those having rates much lower than the average include Ibaraki (102.5), Nagano (106.0), Gumma (113.1), Shizuoka (115.2), Tochigi (115.4) and Nara (118.0).

The percent distribution of deaths from tuberculosis in 1950 was as follows: under 5 years (5.8), 5-9 years (2.4), 10-14 years (2.0), 15-19 years (8.0), 20-24 years (16.2), 25-29 years (14.9), 30-34 years (10.6), 35-39 years (9.1), 40-44 years (7.3), 45-49 years (6.1), 50-54 years (5.2), 55-59 years (4.4), 60 years and over (8.0). Compared to the previous year, percents in the age groups 15 to 34 years became smaller and remained the same in age groups 10 to 14 and 35 to 39, and those in other groups increased.

The age-specific death rates had a very similar distribution to that recorded in the preceding year, although all rates were lower, except for 60 years and over. At under 5 years of age, the rate was 64.4 per 100,000 population. It decreased to 27.4 at 10-14 years, after which it rose rapidly to a peak of 290.2 at 25-29 years. Except for a slight rise at 50-54 years, the rate decreased to 151.6 at 60 years of age and over. (Ref. Table 13.)

Cases totalled 528,324 in 1950 (Ref. Table 16 and 36). The case rate was 632.2 per 100,000 population compared to 571.2 in 1949 and 475.0 in 1948. Since this disease was not made reportable until 1947, data are available for only 3 full years. The principal reason for the rise in the case rate is believed to be more complete reporting of cases as a result of the improved case finding program of the health center system.

The seasonal distribution of both case and death rates has been rather uneventful. (Ref. Tables 9 and 15).

Prefectural case rates ranged from 282.6 per 100,000 population in Tochigi to 1,044.8 in Toyama. Other prefectures having rates well above the national average include Tokyo (956.8), Hokkaido (892.3), Kyoto (877.9), Fukui (813.3) and Osaka (805.7). Those having rates well below the national average include Ibaraki (307.9), Yamanashi (326.5), Nara (359.4) and Fukushima (393.1). (Ref. Table 16.)

On the basis of regular epidemiological reports on approximately one-third of the population in Japan, the percent distribution of cases of tuberculosis by type was as follows for 154,894 cases: respiratory system (92.6), meningitis and central nervous system (1.1), intestines and peritoneum (1.4), vertebral column (1.2), bones and joints (1.3), skin and subcutaneous cellular tissue (0.0), lymphatic system (1.0), genito-urinary system (0.9), other organs (0.1), and military tuberculosis

(0.4). Of the 154,894 cases, 55 percent were males and 45 percent females. Out of 110,039 cases of known BCG status, 98,500 or 89.6 percent gave a history of no vaccination with BCG; 7,797 (7.1 percent) had been vaccinated once; 2,235 (2.0 percent) twice; 916 (0.8 percent) three times; and 591 (0.5 percent) four or more times.

Tuberculosis of the Respiratory System
(Int. List No. 001-008)

Approximately 85 of each 100 deaths from tuberculosis in 1950 were respiratory tuberculosis. The death rate was 121.6 compared to 140.6 in the preceding year. The death rate for all "shi" combined was 143.7 and all "gun" 108.3.

Prefectural rates ranged from 64.0 in Yamanashi to 163.3 in Hokkaido. Other prefectures having rates well above the national average include Aomori (158.5), Osaka (147.3), Kyoto (142.7), Yamaguchi (140.2), Fukuoka (139.2) and Shimane (139.1). Those having rates well below the national average include Ibaraki (84.9), Nagano (84.9), Gumma (92.6), Nara (95.8), Shizuoka (97.3) and Tochigi (98.2).

The number of cases was 466,968 and the case rate was 558.8 per 100,000 population.

Prefectural case rates ranged from 256.5 in Tochigi to 895.6 in Toyama. Other prefectures having rates well above the national average include Tokyo (862.5), Osaka (753.7), Hokkaido (752.2), Kyoto (787.8), and Kanagawa (710.7). Those having rates well below the national average include Ibaraki (266.6), Yamanashi (284.9), Nara (315.9) and Fukushima (336.6). (Ref. Table 36.)

Vascular Lesions Affecting the Central Nervous System
(Int. List No. 330-334, 352a)

The second leading cause of death was vascular lesions affecting the central nervous system, which caused 106,011 deaths in 1950 or 11.7 percent of deaths from all causes. The death rate was 126.5; although it represents the second year of increase since 1948 (117.6), it is far below the pre-war rates which ranged mostly between 160 and 180 and was the third lowest of record. Data are not available for 1944-1945. From 1940 this cause of death has held second position of importance seven times. (Ref. Table 11.)

For all "shi" combined the death rate was 99.0 and for all "gun" 143.0.

As in the preceding year, rates were lower during the period June-August than in the rest of the year. (Ref. Table 9.)

Prefectural rates ranged from 82.0 in Osaka to 196.2 in Akita. Both of these prefectures held the same relative positions last year. Other prefectures having rates well above the national average include Iwate (177.3), Nagano (175.7), Ibaraki (174.2), Chiba (166.3), Yamagata (164.7) and Niigata (163.6). Those having rates well below the national average include Hokkaido (90.7), Tokyo (93.1), Hyogo (97.2)

and Kyoto (99.4). Several of the above prefectures were also listed in the 1949 report.

Enteritis, Colitis, Ulceration of the Intestines and Diarrhea
All Ages (Int. List No. 571, 572, 578a, 578b, 764, 785.6)

There were 63,618 deaths from this cause with a death rate of 75.9 per 100,000 population, the third highest of all causes in 1950 and in each of the three preceding years. Seven out of each 100 deaths were ascribed to this cause. The death rate was the lowest of record (Ref. Table 11).

The death rate for all "shi" combined was 51.8 and for all "gun" 90.4.

Prefectural death rates ranged from 29.9 in Tokyo to 148.7 in Toyama. Other prefectures having rates well above the average include Aomori (141.9), Ishikawa (131.4), Fukui (128.1), Akita (117.7) and Iwate (116.8). Those having rates well below the national average include Kanagawa (34.4), Kyoto (51.7), Aichi (55.9), Shizuoka (57.5), Nagano (59.5) and Yamaguchi (59.7). (Ref. Table 10.)

As usual, rates during the summer months were highest. A peak was reached in August (112.1), closely followed by 107.2 in July.

Enteritis, Colitis, Ulceration of the Intestines and Diarrhea
Under 2 Years of Age (Int. List No. 571, 572, 578a, 764)

Deaths from this cause totalled 29,328 and the death rate was 35.0 per 100,000 population, which was a marked reduction below the figure (50.6) recorded in the preceding year. (Ref. Table 10.)

The rate for all "shi" combined was 25.1 and for all "gun" 40.9.

Prefectural rates ranged from 15.0 in Tokyo to 99.3 in Aomori. Other prefectures having rates well above the national average include Iwate (70.8), Akita (69.3), Ishikawa (59.3), Toyama (58.5) and Fukui (57.1). Others having rates well below the national average include Kanagawa (15.7), Kyoto (19.4), Nagano (20.7) and Kochi (21.0). (Ref. Table 10.)

Death rates were highest during the summer months reaching a peak (55.7) in July. In 1949 the high point (80.8) of the year was also in July. (Ref. Table 9.)

Enteritis, Colitis, Ulceration of the Intestines and Diarrhea
2 Years of Age and Over (Int. List No. 571, 572, 578b, 785.6)

Deaths from this cause totalled 34,290 and the death rate was 40.9 per 100,000 population, which was an increase over the figure (36.4) of the preceding year. (Ref. Table 10.)

The rate for all "shi" combined was 26.7 and for all "gun" 49.5.

Public Health and Welfare in Japan - 1950

Prefectural rates ranged from 14.9 in Tokyo to 90.2 in Toyama. Other prefectures having rates well above the national average were Ishikawa (72.1), Fukui (71.0), Tochigi (66.9) and Niigata (65.5). Those having rates well below the national average include Kanagawa (20.6), Aichi (31.1), Fukuoka (31.1), Osaka (31.1) and Shizuoka (31.2).

For this age group the maximum rate (63.7) was in August. This was also true of the preceding year when the rate was 60.1.

Malignant Neoplasms

(Int. List No. 140-200, 202, 203, 205)

The fourth leading cause of death was malignant neoplasms which was responsible for 61,783 deaths. A little less than 7 out of each 100 deaths from all causes were attributed to this category. The death rate was 73.7 per 100,000 population, the highest of record, although only a little higher than that (71.5) recorded in the preceding year. For more than 25 years the trend in the rate has been remarkably uneventful. It is the first time malignant neoplasms has held fourth position in importance, having advanced progressively from tenth position in 1931. (Ref. Table 11.)

The death rate for all "shi" combined was 77.4 and for all "gun" 71.5.

Prefectural rates ranged from 49.8 in Iwate to 108.8 in Nara. These two prefectures held the same relative positions in 1949. Other prefectures having rates well above the national average include Tottori (88.8), Niigata (86.8), Saga (86.6), Wakayama (85.8) and Ishikawa (85.7). Those having rates well below the national average include Aomori (55.6), Miyazaki (56.9), Kagoshima (57.2), Akita (58.8), and Shizuoka (59.0). (Ref. Table 10.)

Senility and Senile Psychosis

(Int. List No. 794, 304)

Senility dropped from fourth to fifth position in rank order of causes of death. It was responsible for 59,581 deaths and the death rate was 71.1 per 100,000 population, the lowest of record. Out of the deaths from all causes, 6.6 percent were from this cause.

For all "shi" combined the rate was 50.6 and for all "gun" 83.4.

Prefectural rates ranged from 41.9 in Tokyo to 129.7 in Kochi. Other prefectures having rates well above the national average include Ehime (111.2), Shimane (110.1), Wakayama (108.8), Ishikawa (108.5) and Tokushima (105.5). Those having rates well below the national average include Hokkaido (43.8), Osaka 48.2), Iwate (53.1), Nagano (54.9) and Kanagawa (55.4).

As in the preceding year, death rates were highest during the colder months of the year and lowest in the summer.

Pneumonia, Including Pneumonia of the Newborn
(Int. List No. 490-493, 763)

The sixth leading cause of death was pneumonia, which was responsible for 54,678 deaths or 6 out of each 100 deaths from all causes. The death rate was 65.2 per 100,000 population, the lowest of record.

For all "shi" combined the death rate was 56.3 and for all "gun" 70.6.

Prefectural rates ranged from 46.2 in Kyoto to 114.5 in Iwate. Other prefectures having rates well above the national average include Tokushima (105.6), Aomori (95.7), Nagasaki (84.1), Ishikawa (84.6) and Kagoshima (82.0). Those having rates well below the national average include Wakayama (48.4), Akita (51.4), Hyogo (51.5), Tottori (51.8) and Tokyo (52.3).

Rates during the first quarter of the year were highest. A low point was reached in August (26.7), the lowest of record for this month. Corresponding rates during the quinquennial period 1920-1924 were approximately four times as great.

There were 147,633 cases of pneumonia reported. The case rate was 176.7 per 100,000 population compared to 170.0 in 1949 and 138.7 in 1948.

Prefectural case rates ranged from 74.3 in Osaka to 583.6 in Toyama. Other prefectures having rates well above the national average include Saitama (441.8), Gumma (305.7), Nagano (289.0), Iwate (286.8) and Ehime (281.1). Those having rates well below the national average include Yamaguchi (87.5), Tokyo (89.5), Kagoshima (97.1) and Chiba (99.2). (Ref. Table 16.)

Case rates were highest in months of the first quarter, decreasing to their lowest point (62.2) in August, after which they increased to 235.5 in December. (Ref. Table 15.)

Heart Diseases
(Int. List No. 410-443, 782.0-782.2)

The seventh leading cause of death, heart disease, was responsible for 51,844 deaths and the death rate was 61.9 per 100,000 population. This was a decrease below the rate (64.2) in the preceding year but about the same as the 1947 and 1948 figures. This marks the fourth consecutive year this disease has held seventh position of importance. In 1933, it held tenth place. Out of deaths from all causes 5.7 percent were recorded as due to heart diseases.

For all "shi" combined the rate was 54.3 and for all "gun" 66.4.

Prefectural rates ranged from 49.5 in Tokyo to 83.8 in Tokushima. Other prefectures having rates well above the national average include Chiba (78.1), Shiga (76.2), Ibaraki (75.4), Saitama (75.1) and Nagano (75.0). These having rates well below the national average include Aomori (51.7), Osaka (51.7), Hokkaido (52.1), Hyogo (52.4) and Wakayama (52.5).

As in the preceding year, monthly rates were lowest in the third quarter and highest during the colder months.

Nephritis and Nephrosis

(Int. List No. 590-594, 446, 789.0, 789.1, 792)

Nephritis advanced from tenth position of importance to eighth. It was responsible for 35,989 deaths and the death rate was 42.9 per 100,000 population, the second lowest of record, being a little higher than that (41.0) in the previous year. Approximately 4 of each 100 deaths from all causes resulted from nephritis and nephrosis. (Ref. Table 11.)

The death rate for all "shi" combined was 36.3 and for all "gun" 46.9.

Prefectural rates ranged from 26.5 in Hokkaido to 61.4 in Saga. Other prefectures having rates well above the national average include Ibaraki (59.7), Saitama (56.7), Kagoshima (56.0), Yamanashi (55.6), Miyazaki (55.3) and Kumamoto (55.2). Those having rates well below the national average include Wakayama (29.3), Kyoto (31.1), Aichi (32.9), Ehime (34.6), Hyogo (34.7) and Kanagawa (34.7). (Ref. Table 10.)

Rates during the second and third quarters of the year were somewhat lower than the rest of the year, the same as in 1949. (Ref. Table 9.)

Accidents and Poisonings

(Int. List No. E800 - E962)

This was the ninth leading cause of death. It was responsible for 33,240 deaths and the death rate was 39.7 per 100,000 population, the fourth lowest of record. It was a little lower than the rate (41.7) recorded in 1949, which was about the level which prevailed prior to 1943. Data are not available for the period 1944-1946. The percent of all deaths attributed to accidents and (accidental) poisonings was 3.7. (Ref. Table 11.)

The death rate for all "shi" combined was 37.0 and all "gun" 41.3.

Prefectural rates ranged from 27.0 in Nara to 55.1 in Hokkaido. Other prefectures having rates well above the national average include Yamaguchi (51.1), Toyama (48.4), Fukuoka (48.3), Hiroshima (46.3), Kochi (45.9) and Iwate (45.6). Those having rates well below the national average include Tokyo (30.1), Saitama (30.8), Mie (30.8), Kyoto (31.5) and Ibaraki (32.0). (Ref. Table 10.)

Rates were highest during the period July - September, the peak rate (60.5) being in August as in the preceding year. (Ref. Table 9.)

Congenital Debility

(Int. List No. 772.0, 773a)

The tenth leading cause of death, congenital debility, was

responsible for 25,096 deaths in 1950. The death rate was 29.9 per 100,000 population, the lowest of record. Less than 3 percent (2.8) of deaths from all causes were from this category. (Ref. Table 11.)

For all "shi" combined the rate was 21.1 and for all "gun" 35.2.

Prefectural rates ranged from 14.6 in Tokyo to 74.4 in Aomori. Other prefectures having rates well above the national average include Akita (55.0), Fukui (44.2), Iwate (43.4), Yamagata (42.3), Nara (41.9) and Saga (41.6). Those having rates well below the national average include Nagano (15.3), Kanagawa (15.6), Yamaguchi (20.2), Kyoto (21.0) and Yamanashi (21.9). (Ref. Table 10.)

As in the preceding year, rates were highest in months of the first quarter and lowest in the third quarter. The rate for September was 19.0, the lowest of record for this month. (Ref. Table 9.)

Bronchitis and Bronchiectasis (Int. List No. 500-502, 526)

Bronchitis and bronchiectasis caused 23,775 deaths in 1950 and the death rate was 28.4 per 100,000 population, the lowest of record. It was 31.1 in the preceding year. (Ref. Table 10.)

The rate for all "shi" combined was 17.3 and for all "gun" 35.0.

Prefectural rates ranged from 11.2 in Tokyo to 46.8 in Shimane. Other prefectures having rates well above the national average include Tokushima (44.9), Cita (44.7), Fukui (42.4), Ishikawa (41.7) and Toyama (40.4). Those having rates well below the national average include Kanagawa (13.1), Osaka (15.4), Miyagi (19.1), Kyoto (20.6) and Fukuoka (21.3).

As in the preceding year, rates were lowest in the period July - September and highest in the first quarter with a high point (49.1) in February.

Premature Birth (Int. List No. 762.5, 766.5, 767.5 768.5, 769.5- 769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776)

There were 21,087 deaths from premature birth and the death rate was 25.2 per 100,000 population, the highest of record. It was 16.7 in the preceding year. (Ref. Table 9.)

For all "shi" combined, the death rate was 19.5 and for all "gun" 28.5.

Prefectural rates ranged from 14.0 in Kanagawa to 47.6 in Iwate. Other prefectures having rates well above the national average include Akita (41.3), Saitama (40.6), Ibaraki (37.4), Toyama (36.1) and Ishikawa (35.3). Those having rates well below the national average include Tokyo (16.2), Yamanashi (16.2), Fukuoka (16.7), Osaka (17.5), Hyogo (18.1) and Hokkaido (18.6). (Ref. Table 10.)

The lowest monthly rate is usually in May or June. However, in 1950, it was in August (18.8) and in 1949, in October (13.7). High rates were recorded during the first quarter and in December. (Ref. Table 9.)

Ulcer of Stomach and Duodenum
(Int. List No. 540-542)

There were 20,495 deaths from this cause and the death rate was 24.5 per 100,000 population. Compared to the rate (23.6) in the preceding year, it increased slightly, but was below that of 1948 (25.8) and considerably lower than that (33.2) recorded in 1947. The long-time trend in the death rate has been upward. The 1950 rate was more than twice that for 1920 (11.2). (Ref. Table 9.)

The death rate for all "shi" combined was 21.7 and for all "gun" 26.1. Prefectural rates ranged from 14.8 in Hokkaido to 36.7 in Shimane. Other prefectures having rates well above the national average include Oita (34.5), Yamaguchi (33.8), Kumamoto (31.1), Shiga (30.8) and Kagoshima (30.5). Those having rates well below the national average include Aomori (16.7), Akita (17.2), Miyagi (18.7) and Tokyo (19.1). (Ref. Table 10.)

The lowest monthly rate was in August (19.5) and the highest in December (30.3). Both in 1949 and 1950, rates were low in the third quarter. (Ref. Table 9.)

Suicide and Self-Inflicted Injury
(Int. List No. E963, E970-E979)

There were 16,334 deaths from suicide in 1950 and the death rate was 19.5 per 100,000 population. Between 1920 and 1936 there was a gradual upward trend in the rate during which it reached a peak of 22.0 in 1936. Subsequent thereto, it decreased regularly to the lowest point (11.8) of record in 1943. Data are not available for 1944-1946. Since 1947 (15.7) the rate has increased each year, reaching its present figure which is about on the same level as rates recorded during the quinquennial period 1920-1924. (Ref. Table 9.)

The death rate for all "shi" combined was 20.4 and for all "gun" 19.0.

Prefectural rates ranged from 12.1 in Ibaraki to 30.6 in Wakayama. Other prefectures having rates well above the national average include Kyoto (29.2), Niiga (26.4), Gifu (24.2) and Niigata (24.0). Those having rates well below the national average include Aomori (12.4), Miyagi (12.6), Nagasaki (12.7), Kagoshima (14.3), Fukushima (14.5) and Kumamoto (14.6). (Ref. Table 10.)

The monthly death rate for April (25.0) was the highest. That for May was also noticeably high. Out of the 26 years for which monthly data are available since 1920, the May death rate from suicide has been highest 15 times; July was second with six.

Ill Defined Conditions, Unknown and Unspecified Causes
 (Int. List No. 780.0-780.1, 780.6-780.8, 781.9, 782.3-
 782.6, 782.9, 783.2-783.7, 784.0, 784.3-784.4, 784.6-
 784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-
 788.9, 790-791, 793, 795x, 795.1-795.5)

There were 15,778 deaths from this cause and the death rate was 18.8 per 100,000 population, the lowest of record. Improvement in the quality of medical certifications of the causes of death is indicated by the fact that since 1920 there has been a reduction of 86 percent in the death rate (131.1). (Ref. Table 9.)

The death rate for all "shi" combined was 17.5 and all "gun" 19.6.

Prefectural rates ranged from 11.4 in Tottori to 30.9 in Kagawa. Other prefectures having rates well above the national average include Tokushima (25.8), Aomori (25.4), Toyama (25.0), Fukui (23.8) and Wakayama (23.8). Those having rates well below the national average include Kyoto (13.5), Okayama (14.7), Aichi (15.1) and Osaka (15.1). (Ref. Table 10.)

According to the record since 1920, monthly death rates from ill-defined causes have been lowest during the summer months and highest in the first quarter and in December. (Ref. Table 9.)

Dysentery, All Forms
 (Int. List No. 045-048)

Deaths from all forms of dysentery totalled 12,020 and the death rate was 14.3 per 100,000 population. For two decades (1920-1939) the general trend in the rate was upward, reaching an all-time high point (34.8) in 1939. Following this, it declined to 15.4 in 1944 only to rise sharply to 28.8 in 1945. The trend turned downward again reaching the lowest point of record (6.4) in 1948. Thereafter it commenced to rise more than doubling itself within two years (in 1950) and all indications are that it will continue to rise during the coming year. (Ref. Table 9.)

The death rate for all "shi" combined was 13.3 and for all "gun" 15.0.

Prefectural death rates ranged from 2.2 in Nara to 56.7 in Saitama. Other prefectures having rates well above the national average include Gumma (38.7), Tochigi (37.5), Ibaraki (31.8) and Chiba (29.1). Those having rates well below the national average include Shiga (2.7), Wakayama (3.3), Hokkaido (4.0) and Fukui (4.4). (Ref. Table 10.)

The usual peak of deaths was recorded in the third quarter with the high point (47.6) in August. (Ref. Table 9.)

There were 49,739 cases of dysentery (all forms) reported in 1950. The case rate was 69.5 per 100,000 population. It was about double the rate (29.2) in 1949 and three times that (18.3) in 1948.

Prefectural case rates ranged from 7.5 in Shiga to 188.7 in Gumma. Other prefectures having rates well above the national average include

Saitama (188.4), Niigata (125.9), Tokyo (121.1), Tochigi (108.2) and Kanagawa (105.0). Those having rates well below the national average include Nara (7.7), Wakayama (11.9), Fukui (15.3), Tottori (16.5) and Nagasaki (17.5). (Ref. Table 16.)

The monthly distribution of case rates showed the usual peaking in midsummer. (Ref. Table 15.)

Dysentery, Bacillary
(Int. List No. 045)

Deaths from bacillary dysentery totalled 11,974 and the death rate was 14.3 per 100,000 population, a considerable increase above the figure (9.4) in the preceding year.

The death rate for all "shi" combined was 13.2 and all "gun" 15.0.

Prefectural rates ranged from 2.2 in Nara to 56.7 in Saitama. Other prefectures having rates well above the national average include Gumma (38.7), Tochigi (37.5), Ibaraki (31.8) and Chiba (29.1). Those having rates well below the national average include Shiga (2.4), Wakayama (3.3), Hokkaido (3.9) and Fukui (4.4). (Ref. Table 10.)

There were 49,200 cases of bacillary dysentery reported. The case rate was 58.6 per 100,000 population.

Prefectural rates ranged from 6.0 in Shiga to 188.6 in Gumma. Other prefectures having rates well above the national average include Saitama (188.3), Niigata (125.8), Tokyo (119.7), Tochigi (108.0) and Kanagawa (104.0). Those having rates well below the national average include Nara (7.7), Wakayama (11.6), Fukui (15.2), Tottori (15.5), Nagasaki (17.2) and Yamaguchi (17.2). (Ref. Table 36.)

The ratio of deaths to cases in 1950 shows a fatality rate of 24.3 per 100 cases. This represents the termination by death of approximately 1 out of every 4 cases.

Dysentery, Amebic
(Int. List No. 046)

There were 45 deaths from amebic dysentery and the death rate was 0.1, the same as in the preceding year.

Almost half of the prefectures did not record any deaths from this disease and twenty-four prefectures reported from 1 to 5 deaths each. (Ref. Table 10.)

Of the 539 cases of amebic dysentery reported, more than half of them were from the following prefectures: Tokyo (91), Osaka (54), Hokkaido (47), Fukuoka (34), Hyogo (29) and Kanagawa (25). (Ref. Table 36.)

Whooping Cough (Int. List No. 056)

Deaths from whooping cough totaled 3,429 and the death rate was 10.1 per 100,000 population, the third lowest of record. In 1948 the lowest point (5.9) of record was established following the abnormally high point (21.8) in 1947. (Ref. Table 9).

The death rate for all "shi" combined was 8.2 and all "gun" 11.3.

Prefectural rates ranged from 3.7 in Hokkaido to 57.8 in Iwoshima. Other prefectures having rates well above the national average include Miyazaki (18.9), Ibaraki (18.5), Kagoshima (18.5), Toyama (17.6) and Iwate (16.1). Those having rates well below the national average include Okayama (4.6), Gifu (4.9), Hiroshima (5.1), Aichi (6.0) and Nara (6.2). (Ref. Table 10.)

Rates were lowest in the last quarter and noticeably high during the first quarter in 1950. (Ref. Table 9.)

There were 122,733 cases of whooping cough reported and the case rate was 146.9 per 100,000 population. Rates in 1949 and 1948 were 154.3 and 66.2, respectively.

Prefectural case rates ranged from 56.1 in Yamagata to 228.8 in Toyama. Other prefectures having rates well above the national average include Saitama (287.5), Shiga (277.4), Miyazaki (246.6) and Fukui (226.4). Those having rates well below the national average include Nara (56.2), Yamaguchi (69.1), Hokkaido (83.8), Tochigi (85.0) and Chiba (86.2). (Ref. Table 16.)

During the 4-year period 1947-1950, the monthly distribution of case rates has risen to a peak in July or August (Ref. Table 13).

Meningitis Except Meningococcal and Tuberculous (Int. List No. 340)

There were 6,788 deaths from this cause and the death rate was 8.1 per 100,000 population, the lowest of record. (Ref. Table 8.)

The death rate for all "shi" was 7.0 and all "gun" 8.7.

Prefectural rates ranged from 4.3 in Tokyo to 13.3 in Tokushima. Other prefectures having rates well above the national average include Fukui (12.7), Akita (12.4), Ishikawa (12.1) and Chiba (12.0). Those having rates well below the national average include Nagano (5.3), Nara (5.8), Osaka (5.9), Okayama (6.0) and Kanagawa (6.1). (Ref. Table 10.)

Monthly rates were lowest during the fourth quarter. The August rate (9.6) was noticeably higher than those recorded for the other summer months, but a little lower than the January (9.7) and February (9.9) rates. (Ref. Table 9.)

Congenital Malformations
(Int. List No. 750-759)

There were 6,555 deaths from congenital malformations and the death rate was 7.8 per 100,000 population, second highest of record. In the preceding year, the rate was 8.1.

The death rate for all "shi" combined was 7.2 and all "gun" 8.2.

Prefectural rates ranged from 5.5 in Hyogo to 10.7 in Iwate. Other prefectures having rates well above the national average include Miyagi (10.3), Fukushima (10.1), Gumma (9.9), Saitama (9.6), Aomori (9.4) and Shizuoka (9.4). Those having rates well below the national average include Nara (5.8), Osaka (6.0), Kyoto (6.3) and Yamaguchi (6.4). (Ref. Table 10.)

The seasonal distribution of death rates was uneventful. (Ref. Table 9.)

Syphilis and Its Sequelae
(Int. List No. 020-029)

Deaths from syphilis totalled 5,188 and the death rate was 6.2 per 100,000 population, the third lowest of record. Rates in 1947 (5.7) and 1948 (5.4) were lower. Rates in earlier years have ranged from two to three times that recorded in 1950.

The death rate for all "shi" combined was 7.8 and all "gun" 5.3.

Prefectural death rates ranged from 3.5 in Niigata to 109 in Saga. Other prefectures having rates well above the national average include Kagoshima (9.4), Nagasaki (9.0), Tochigi (8.9), Nara (8.7) and Chiba (8.4). Those having rates well below the national average include Niigata (3.5), Ehime (3.9), Wakayama (4.0), Toyama (4.0) and Fukui (4.1). (Ref. Table 10.)

The seasonal distribution of death rates has been rather uneventful although rates recorded for the months May through August have generally been lower than for other months, particularly those of the first and fourth quarters. (Ref. Table 9.)

There were 121,386 cases and the case rate was 145.3 per 100,000 population, a reduction below rates in 1949 (229.0) and 1948 (268.9).

Prefectural case rates ranged from 59.9 in Shimane to 346.7 in Kanagawa. Other prefectures having rates well above the national average include Fukuoka (340.9), Nagasaki (315.6), Yamaguchi (236.4), Saga (227.4) and Osaka (218.2). Those having rates well below the national average include Ibaraki (71.9), Iwate (79.5), Yamanashi (73.8), Kagoshima (80.6) and Tokushima (81.6). (Ref. Table 16.)

The monthly distribution of case rates was uneventful. (Ref. Table 15.)

Deliveries and Complications of Pregnancy, Child Birth and the Puerperium (Int. List No. 640-689)

There were 4,039 deaths from maternal causes and the death rate was 4.8 per 100,000 population, the lowest of record. The rate per 1,000 live births was 1.7, the same as in the preceding year. (Ref. Tables 9 and 14.)

For all "shi" combined the death rate (per 100,000 population) was 4.9 and all "gun" 4.8.

Prefectural rates per 100,000 population ranged from 3.6 in Aichi, Kagawa and Tokyo to 8.4 in Iwate. Other prefectures having rates well above the national average include Akita (7.7), Aomori (6.7), Miyazaki (6.4), Nara (6.4) and Tokushima (6.2). (Ref. Table 10.)

Expressed in terms of 1,000 live births the above prefectural rates would be as follows: Aichi (1.4), Kagawa (1.4), Tokyo (1.5), Iwate (2.5), Akita (2.4), Aomori (1.9), Miyazaki (2.0), Nara (2.6) and Tokushima (2.1).

The seasonal distribution of the death rates was uneventful. (Ref. Table 9.)

Puerperal Fever
(Int. List No. 645.1, 651, 680-684)

There were 350 deaths from puerperal infection and the death rate was 0.4 per 100,000 population. The rate has declined steadily from 1.0 in 1947.

For both all "shi" combined and all "gun" the death rate was 0.4.

The distribution of monthly death rates was uneventful.

There were 818 cases of puerperal infection reported. The case rate was 1.0 per 100,000 compared to 1.2 in both 1949 and 1948.

Prefectural case rates ranged from 0.2 in Chiba, Tokyo and Oita to 5.6 in Toyama. Prefectures having rates well above the national average include Saitama (2.8), Akita (2.4), Tottori (2.2), Aomori (2.1), Fukui (2.0) and Shiga (2.0). (Ref. Table 16.)

The distribution of monthly case rates was uneventful. (Ref. Table 15.)

Beriberi
(Int. List No. 280)

There were 3,952 deaths from beriberi and the death rate was 4.7 per 100,000 population.

For all "shi" combined the death rate was 4.0 and all "gun" 5.2.

Prefectural rates ranged from 1.5 in Tokushima to 11.7 in Aomori.

Others having rates well above the national average include Iwate (8.9), Akita (8.3), Ishikawa (8.3) and Tottori (8.3). Those having rates well below the national average include Ehime (2.2), Gumma (2.2), Yamanashi (2.2), Nagano (2.4) and Kagawa (2.8). (Ref. Table 10.)

During the decade 1920-1930, the seasonal distribution of death rates from beriberi showed much higher rates from June-November than the first half of the year and particularly the first quarter. However, by the time the decade 1930-1939 had ended the monthly distribution of rates had become uneventful. Data are not available by months for 1942-1946. The rates by month had decreased greatly by 1950. With this reduction there has been a reversal of the time of the year in which the higher rates have been recorded. Rates in the first quarter of 1950 were somewhat higher than those for the period August through October.

Measles
(Int. List No. 085)

There were 3,775 deaths from measles and the death rate was 4.5 per 100,000 population, the lowest of record. Being the low year of the usual 2-year cycle for this disease, a marked reduction in the rate compared to that for the preceding year was to be expected. Even so, it was much lower than previous experience indicated it might be.

The rate for all "shi" was 3.1 and for all "gun" 5.4.

Prefectural rates ranged from 0.1 in Shimane to 26.0 in Tokushima. Other prefectures having rates well above the national average include Iwate (17.4), Tochigi (12.2) and Gumma (11.2). Those having rates well below the national average include Kyoto (0.4), Oita (0.4), Kumamoto (0.5), Toyama (0.5) and Tottori (0.7). (Ref. Table 10.)

The monthly distribution of the death rates shows that they are noticeably higher March-June than at other times of the year. In 1950, the peak month was May (8.4). May is generally the month in which the death rate is greatest, although in earlier years there have been several times when the June rate was slightly higher. (Ref. Table 9.)

There were 56,147 cases of measles reported. The case rate was 67.2 per 100,000 population, approximately the same as that (68.6) for 1948 but well below the figure (201.1) in 1949.

Prefectural case rates ranged from 2.7 in Shimane to 288.9 in Fukui. Other prefectures having rates well above the national average include Kagawa (257.6), Tokushima (193.1), Saitama (192.0), Gifu (180.8) and Kochi (163.3). Those having rates well below the national average include Kyoto (5.3), Oita (5.5), Tottori (8.1) and Osaka (8.2). (Ref. Table 16.)

As usual, the monthly rates rose to a peak in May with a rate of 136.6. The case rate has been highest in May in each of the last three years. (Ref. Table 15.)

Emphysema and Pleurisy
(Int. List No. 518-519)

There were 3,031 deaths and the death rate was 3.6 per 100,000 population, the lowest of record. During the 24 year period 1920-1943, the trend in the rate was rather uneventful. It was 25.0 in 1920 and 24.1 in 1943. Data for 1944-1946 are not available. By 1947, the rate had decreased to 13.9. During the next 3 years the rate dropped to almost one-fourth of the 1947 figure.

For all "shi" combined the death rate was 3.4 and all "gun" 3.7.

Prefectural rates ranged from 2.3 in Okayama to 5.8 in Miyazaki. Others having rates well above the national average include Oita (5.6), Nara (5.5), Fukushima (4.8), Ibaraki (4.8), Mie (4.8) and Shimane (4.8). Those having rates well below the national average include Hiroshima (2.5), Ishikawa (2.5), Gumma (2.7), Kyoto (2.8), Nagano (2.8) and Tokyo (2.8). (Ref. Table 10.)

Monthly rates during the first half of the year were a little higher than those recorded in the second half. (Ref. Table 9.)

Appendicitis
(Int. List No. 550-553)

There were 3,017 deaths from appendicitis and the death rate was 3.6 per 100,000 population, equalling the rate recorded for 1940. Although still lower rates prevailed in 1941 and 1943 (3.1) and 1942 (3.2), the figure for 1950 represents the third consecutive year of reduction since 1947 (5.7).

The death rate for all "shi" was 4.4 and all "gun" 3.1.

Prefectural rates ranged from 2.6 in Kagoshima and Nara to 5.1 in Akita. Those having rates well above the national average include Niigata (4.6), Iwate (4.5), Saga (4.5), Shiga (4.5) and Yamagata (4.5). Those having rates well below the national average include Kagoshima (2.6), Nara (2.6), Kagawa (2.7) and Shizuoka (2.7). (Ref. Table 10.)

The rate for August was 5.0, the highest in any month. For the past 30 years there has been a consistent, but slight peaking of the rates, usually in the month of August and occasionally during the very early years, in the month of September.

Japanese "B" Encephalitis
(Int. List No. 082a)

This disease caused 2,440 deaths and the death rate was 2.9 per 100,000 population, approximately twice the rate for the preceding year (1.4).

The death rate for all "shi" combined was 3.8 and all "gun" 2.4.

Prefectural death rates ranged from 0.0 in Hokkaido to 8.1 in

Osaka. Rates were noticeably high in Toyama (6.8), Yamaguchi (5.7), Tokyo (5.1) and Yamagata (5.0). They were comparatively low in Shiga (0.7), Fukushima (0.5), Nara (1.0), Gifu (1.2) and Mie (1.2). (Ref. Table 10.)

A definite peak (22.7) in the monthly rates was recorded for August. (Ref. Table 9.)

There were 5,182 cases of this disease reported and the case rate was 6.2 per 100,000 population. In 1949 and 1948, the rates were 1.6 and 9.0, respectively.

Hokkaido Prefecture reported no cases while Tokyo accounted for 1,181 cases. Prefectures having rates well above the national average include Tokyo (16.7), Okayama (14.6), Yamagata (13.7), Nagano (12.2) and Kanagawa (10.9). Those having rates well below the national average include Fukushima (0.6), Shiga (0.6), Mie (1.4), Tokushima (1.3) and Chiba (1.9).

No cases were reported during the first half of the year. Approximately 94 percent of the cases were reported in August and September. (Ref. Table 15.)

Diabetes Mellitus (Int. List No. 260)

There were 2,027 deaths from this cause and the death rate was 2.4 per 100,000 population, third lowest of record. The historical trend in the rate from 1930 to 1943 was generally uneventful. Data between 1944 and 1946 are not available. By 1947 the rate had decreased to 2.3, continuing downward slightly to 2.2, its lowest point of record in 1948 and then returning to 2.3 in 1949.

The death rate for all "shi" combined was 1.9 and all "gun" 2.7.

Prefectural rates ranged from 1.2 in Nara to 4.8 in Ishikawa and Shimane. Rates well above the national average were noted in Fukui (4.6), Fukuoka (4.2) and Tokushima (4.2). Comparatively low rates were recorded for Kanagawa (1.3), Tokyo (1.4) and Miyagi (1.6). (Ref. Table 10.)

The monthly distribution of death rates was uneventful. (Ref. Table No. 9.)

Homicide (Int. List No. E964, E980-E984)

Homicide was responsible for 1,853 deaths in 1950. The death rate was 2.6 per 100,000 population, the highest of record. However, the rate for the three year period 1948-1950 has remained practically the same, increasing only by 0.1 each year.

For all "shi" combined the rate was 2.7 and all "gun" 1.9.

Prefectural rates ranged from 0.8 in Tottori to 3.6 in Fukuoka.

Other prefectures having rates well above the national average include Nagasaki (3.4), Oita (3.3), Kumamoto (3.1), Yamaguchi (3.1) and Ehime (3.0). Those having rates below the national average include Gifu (1.2), Niigata (1.2), Toyama (1.3), Okayama (1.4), Iwate (1.5) and Hiroshima (1.5). (Ref. Table 10.)

The monthly distribution of death rates was uneventful. (Ref. Table 9.)

Tetanus
(Int. List No. 061)

There were 1,550 deaths from tetanus. The death rate was 1.8 per 100,000 population, the lowest of record.

For all "shi" combined the death rate was 1.8 and all "gun" 1.9.

Prefectural rates ranged from 0.7 in Fukui, Hokkaido and Kyoto to 4.6 in Chiba and Ibaraki. Okayama (0.8) and Shiga (0.8) also had low rates, while Kagoshima (4.3) and Miyazaki (3.5) had comparatively high ones.

Monthly rates during the summer were higher than at other times, (Ref. Table 9.)

There were 1,913 cases of tetanus reported. The case rate was 2.3 per 100,000 population which was not greatly different from the rates for 1949 (2.7) and 1948 (2.4).

Prefectural case rates ranged from 0.9 in Fukui to 5.6 in Ibaraki. Other prefectures having rates well above the national average include Chiba (5.5), Miyazaki (5.3), Kochi (4.9), Gumma (4.5) and Kagoshima (3.9). Those having rates well below the national average include Hokkaido (1.0), Niigata (1.1), Hyogo (1.2) and Tokyo (1.3). (Ref. Table 16.)

The summer months have shown higher case rates than at other times during the year. (Ref. Table 15.)

Birth Injuries
(Int. List No. 760-761)

Birth injuries were responsible for 1,302 deaths. The death rate was 1.6 per 100,000 population, the highest of record. During the 4 year period 1947-1950, the rate has ranged from 1.1 in 1947 to 1.6 in 1950.

For all "shi" combined, the death rate was 1.7 and all "gun" 1.4.

Prefectural rates were comparatively high in Kochi (3.4), Wakayama (3.0), Yamagata (2.4) and Gifu (2.3). On the other hand, among the prefectures having low rates were Aomori (0.8), Fukuoka (1.1), Mie (1.1), Miyagi (1.1), Tochigi (1.1), Yamaguchi (1.1) and Yamanashi (1.1). (Ref. Table 10.)

The distribution of monthly death rates from birth injuries was uneventful. (Ref. Table 9.)

Influenza
(Int. List No. 480-483)

Deaths from influenza totalled 1,287. The death rate was 1.5 per 100,000 population, the second lowest of record. In both 1948 and 1949 the rate was 0.6.

For all "shi" combined the rate was 1.0 and all "gun" 1.9.

Compared to the average annual death rate, rates in Shimane (10.2), Tokushima (6.3), Yamaguchi (5.6), Wakayama (4.4) and Kagawa (3.5) were high. Correspondingly, rates in Fukushima (0.2), Iwate (0.2), Gumma (0.3) and Nagano (0.3) were low. (Ref. Table 10.)

Monthly death rates were low for the period May through October and highest during the first quarter and in December. (Ref. Table 9.)

There were 39,296 cases of influenza reported. The case rate (47.0 per 100,000 population) increased sharply above the rate (3.6) in 1949 and 1948 (3.5).

Prefectural case rates ranged from zero in Iwate and Fukushima which reported they had no cases to 286.1 in Wakayama. Other prefectures having rates well above the national average include Ehime (168.0), Gifu (164.1), Hokkaido (147.2), Fukui (130.4) and Mie (129.0). (Ref. Table 16.)

Monthly rates were especially high in February (178.0) and December (130.0). (Rates decreased from February to a low point (0.2) in August and then increased to December. (Ref. Table 15.)

Diphtheria
(Int. List No. 055)

Diphtheria caused 1,199 deaths and the death rate was 1.4 per 100,000 population, the lowest of record. During the 23 year period 1920-1942 the death rate from this disease remained at about the same level, generally 6 to 7 per 100,000. There was a peaking of the rate during the war to 11.2 in 1945, but in the following year it fell sharply to its lowest point (5.2) of record up to that time. Subsequent to 1946 the rate has decreased much further in 4 years than in the 25-year period preceding it.

For all "shi" combined the death rate was 1.6 and all "gun" 1.3.

Prefectural death rates ranged from 0.3 in Ibaraki and Wakayama to 5.2 in Miyazaki. Other prefectures having rates well above the national average include Kagoshima (4.1), Aomori (3.8), Toyama (3.0), Oita (2.8), and Saga (2.5). Those having rates well below the national average include Gumma (0.5), and five prefectures with rates of 0.6 (Aichi, Kagawa, Nagano, Okayama and Shizuoka). (Ref. Table 10.)

The seasonal distribution of the death rates was very much the same as in previous years, decreasing from February (2.6) to a low point (0.4) in July and then rising to December (2.4). (Ref. Table 9.)

There were 12,575 cases of diphtheria reported and the case rate was 15.0 per 100,000 population, a reduction below the rates in 1949 (18.0) and 1948 (20.3).

Prefectural case rates ranged from 5.3 in Yamanashi to 39.9 in Miyazaki. Other prefectures having rates well above the national average included Aomori (27.9), Nagasaki (27.8), Akita (27.2), Saga (27.2), and Shimane (26.1). Those having rates well below the national average included Kagawa (6.1), Chiba (6.7), Shizuoka (6.9) and Ibaraki (7.0). (Ref. Table 16.)

The monthly distribution of case rates showed a decrease from February to a low point in August, after which it increased to December. (Ref. Table 15.)

Acute Poliomyelitis, Including Late Effects
(Int. List No. 080-081)

Deaths from this disease totalled 810 and the death rate was 1.0 per 100,000 population, slightly less than in the preceding year (1.3).

The death rate for all "shi" combined was 0.9 and all "gun" 1.0.

Prefectural rates ranged from 0.3 in Ishikawa to 1.9 in Miyazaki and Oita. Other prefectures having rates above the national average include Fukuoka (1.6), Kagawa (1.8) and Tokushima (1.8). Those having rates below the national average include Akita (0.4), Tokyo (0.4), Kyoto (0.5), Shiga (0.5), Shimane (0.5) and Toyama (0.5). (Ref. Table 10.)

The usual rise in the death rate during the third quarter of 1950 was observed, with the highest rate (1.6) in August. (Ref. Table 9.)

There were 3,211 cases reported. The case rate was 3.8 per 100,000 population, the same as in the preceding year and more than three times the rate (1.2) in 1948.

Prefectural case rates ranged from 0.3 in Shiga to 11.3 in Miyazaki. Other prefectures having rates well above the national average include Oita (9.1), Mie (7.3), Gumma (6.6), and Yamaguchi (6.6). Those having rates well below the national average include Nagasaki (1.0), Kyoto (1.1), Shimane (1.2), Gifu (1.3) and Akita (1.4). (Ref. Table 16.)

Case rates were highest during July, August and September. The peak month was August (8.0) which also held the position in each of the two preceding years. (Ref. Table 15.)

Typhoid Fever
(Int. List No. 040)

Typhoid fever caused 648 deaths. The death rate was 0.8 per 100,000 population, the lowest of record.

For all "shi" combined, the death rate was 1.2 and all "gun" 0.5.

Prefectural rates ranged from zero in Saga where no deaths from this disease were recorded to 1.9 in Okayama. Other prefectures having rates above the national average include Tokushima (1.7), Focid (1.6), Miyagi (1.6) and Toyama (1.6). (Ref. Table 10.)

Although the number of deaths has decreased to about one-twentieth of the 1920 figure (12,073), the seasonal rise during the summer months still occurs. (Ref. Table 9.)

There were 4,884 cases and the case rate was 5.8 per 100,000 population, a reduction below the rate in 1949 (7.9) and 1948 (11.8).

Prefectural case rates ranged from 0.4 in Kagoshima to 11.3 in Mie. Others having rates well above the national average include Nara (10.8), Tokyo (10.2), Miyagi (10.2), Gifu (9.8) and Saitama (9.4). Those having rates well below the national average include Oita (1.3), Saga (1.6), Kumamoto (1.6), Miyazaki (2.1) and Yamanashi (2.1). (Ref. Table 16.)

The monthly distribution of case rates showed the usual midsummer peaking observed in previous years even though the annual case rate for 1950 was about one-fourth the rate in 1947 (22.9).

Meningococcal Infections
(Int. List No. 057)

There were 368 deaths from meningococcal infections and the death rate was 0.4 per 100,000 population.

For all "shi" combined the death rate was 0.6 and all "gun" 0.3.

Prefectural rates ranged from zero in Okayama Prefecture where no deaths were recorded to 1.1 in Miyagi. Other prefectures having rates above the national average include Tottori (1.0), Aomori (0.9), Fukushima (0.9), Kyoto (0.9), and Yamanashi (0.9). Those having rates below average include Hyogo (0.0) and Nagano (0.0). (Ref. Table 10.)

Both in 1950 and 1949, the highest monthly rates were recorded in the third quarter of the year. There has not been any consistent pattern of the seasonal distribution of mortality rates from this disease. In some earlier years the spring months have recorded rises and in others, the fall months. (Ref. Table 9.)

There were 1,192 cases of this disease reported. The case rate was 1.4, a reduction from the rates recorded for 1949 (1.8) and 1948 (2.6).

Prefectural case rates ranged from 0.3 (Nara, Okayama and Tokushima) to 4.1 in Yamagata. Others having rates well above the national average include Miyagi (3.4), Aomori (3.2), Tokyo (2.8) and Tottori (2.8). (Ref. Table 16.)

The monthly distribution of case rates has generally been uneventful. (Ref. Table 15.)

Typhus and Other Rickettsial Diseases
(Int. List No. 100-108)

There were 103 deaths from this disease and the death rate was 0.1 per 100,000 population, the same as in the two preceding years. There has been little change in the death rate recorded in earlier years during which it remained at 0.0 and 0.1.

The death rate for all "shi" combined was 0.2 and all "gun" 0.1.

Out of 103 deaths, 22 were in Kanagawa and 20 in Tokyo. The remainder were scattered over 25 prefectures. (Ref. Table 10.)

The monthly distribution of deaths showed a rise in February and March. In 1949 the distribution was uneventful, but in the period 1943-1947 the seasonal rise has been recorded with a peaking in either March, April, May or June. (Ref. Table 9.)

There were 938 cases of typhus fever reported, not including tsutsugamushi and the case rate was 1.1 per 100,000 population compared to 0.1 in 1949 and 0.6 in 1948.

Prefectural case rates for typhus fever ranged from zero in 22 prefectures to 14.9 in Kanagawa. Other prefectures having rates well above the national average include Tokyo (3.7) and Hokkaido (2.7). Out of the 938 cases, 423 (45 percent) were reported from Kanagawa Prefecture, 233 (about 25 percent) from Tokyo and 117 (12.5 percent) from Hokkaido. (Ref. Table 16.)

The highest monthly case rate (7.4) for typhus fever was in February. (Ref. Table 15.)

There were 5 deaths from tsutsugamushi compared to 4 in the previous year, and the death rate was 0.0 in both of them. These deaths were included in "Typhus and Other Rickettsial Diseases" above.

Three of the deaths in 1950 were in Akita and 2 in Niigata. Both prefectures are located along the northwest coast of the island of Honshu. (Ref. Table 10.)

Cases of tsutsugamushi totalled 116 and the case rate was 0.1 per 100,000 population. Out of the 116 cases, 96 (82.8 percent) were reported from Niigata Prefecture, 18 (15.5 percent) from Akita and the remaining 2 from Yamagata. (Ref. Table 16.)

Fifty-five of the cases were reported in August, 33 in July and 18 in September. The rest were scattered to the end of the year. None were reported during the first half. (Ref. Table 15.)

Leprosy
(Int. List No. 060)

There were 87 deaths from leprosy and the death rate was 0.1 the lowest of record. For 3 decades the death rate has been very gradually declining from 2.0 in 1920 to the present figure.

For all "shi" combined the death rate was 0.0 and for all "gun" 0.2.

All but 12 prefectures recorded 1 or more deaths from this disease. Eight deaths were recorded in Miyazaki, 7 in Kumamoto, 7 in Iwate, 6 in Kagoshima, 5 in Tochigi and four each in Aomori, Fukushima and Nagasaki. (Ref. Table 10.)

The monthly distribution of death rates was uneventful, all months having a rate of 0.1 except October which was 0.2. (Ref. Table 9.)

There were 605 cases reported and the case rate was 0.7 per 100,000 population. In 1949 and 1948, the rates were 1.0 and 0.9 respectively.

All but 3 prefectures reported cases. Prefectures having case rates well above the national average include Gumma (2.5), Miyazaki (2.1), Tokushima (1.9), Oita (1.8) and Iwate (1.6). (Ref. Table 16.)

The monthly distribution of case rates was uneventful. (Ref. Table 15.)

Paratyphoid Fever
(Int. List No. 041)

There were 80 deaths from this disease and the death rate was 0.1 per 100,000 population, equalling the lowest point of record established in the preceding year.

For all "shi" combined and all "gun" the death rate was 0.1.

All but 12 prefectures recorded deaths from this disease. There were 10 deaths in Hokkaido, 5 each in Hiroshima and Tokyo, 4 each in Gumma, Kagawa, Miyagi and Saitama. (Ref. Table 10.)

The well known seasonal rise in the summer months of earlier years was not apparent in 1949 and 1950. (Ref. Table 9.)

There were 1,709 cases reported and the case rate was 2.0 per 100,000 population, a reduction from the rates in 1949 (2.7) and 1948 (3.6). (Ref. Table 15.)

Prefectural rates ranged from 0.2 in Okayama, Ehime, Nagasaki, Oita and Kagoshima to 5.7 in Tokyo. Other prefectures having rates well above the national average include Toyama (4.5), Miyagi (4.4), Gumma (4.3), Tokushima (4.3) and Aomori (3.2). Those having rates well below the national average include Nagano (0.5), Shiga (0.5),

Iwate (0.7), Saga (0.7) and Chiba (0.9). (Ref. Table 16).

The monthly distribution of case rates showed a rise in midsummer months. (Ref. Table 15.)

Pulmonary (*S. japonicum*) Schistosomiasis
(Int. List No. 123.2)

There were 75 deaths from this disease and the death rate was 0.1 per 100,000 population.

The death rate for all "shi" combined and all "gun" were both 0.1.

Seven prefectures recorded deaths as follows: Yamanashi (59), Fukuoka (5), Hiroshima (4), Saga (4), Ibaraki (1), Tokyo (1) and Chiba (1). The vast majority of them were recorded in Yamanashi Prefecture. (Ref. Table 10.)

The monthly distribution of deaths was uneventful. (Ref. Table 9.)

There were 918 cases of schistosomiasis reported and the case rate was 1.1. Out of the 918 cases, 643 (70 percent) were reported from Yamanashi Prefecture. Most of the remainder were from Saga (109), Fukuoka (83) and Hiroshima (76). (Ref. Table 16).

Monthly case rates increased from January to a peak (2.8) in September and then decreased to December. (Ref. Table 15.)

Malaria
(Int. List No. 110-117)

There were 68 deaths from malaria and the death rate was 0.1 per 100,000 population, the same as in the preceding year. Between 1920 and 1942 the rate has ranged from 0.0 to 0.3.

For all "shi" combined the death rate was 0.1 and all "gun" 0.1.

Deaths from this disease were widely scattered. Thirteen prefectures had no deaths recorded from malaria. Seven deaths in Ishikawa was the largest number for any single prefecture, followed by 5 in Kumamoto and Tokyo. (Ref. Table 10)

The monthly distribution of death rates was uneventful. (Ref. Table 9.)

There were 1,017 cases of malaria reported and the case rate was 1.2 per 100,000 population compared to 4.5 in 1949 and 6.2 in 1948.

Prefectural case rates ranged from 0.3 in Iwate and Shizuoka to 33.7 in Shiga. Out of the 1,017 cases, 292 or approximately 29 of each 100 were reported from Shiga Prefecture. This represents a very great reduction in morbidity from this disease in Shiga Prefecture which had 4,200 cases in 1949 and 2,258 cases in 1948. (Ref. Table 16).

As usual, the monthly case rates increased from January to a high point (2.6) in July and then decreased to December. (Ref. Table 15.)

Rabies
(Int. List No. 094)

Deaths from this disease totalled 60 and the death rate was 0.1 per 100,000 population, the same as in the preceding year.

For all "shi" combined the death rate was 0.1 and all "gun" 0.1.

Eight prefectures recorded deaths from rabies. They were as follows: Gumma (14), Kanagawa (12), Saitama (10), Tochigi (8), Tokyo (8), Chiba (4), Shizuoka (3) and Ibaraki (1). (Ref. Table 17.)

The monthly distribution of deaths was uneventful. (Ref. Table 9.)

There were 57 cases of this disease. The case rate was 0.1 per 100,000 population, the same as for each of the two preceding years.

All of the 57 cases were reported from 8 prefectures located near the center of the island of Honshu in the Kanto area, covering an area of about 100 miles in diameter. The prefectures were Ibaraki, Tochigi, Gumma, Saitama, Chiba, Tokyo, Kanagawa and Shizuoka. Of the 76 cases reported in 1949, all but two were in this same group of prefectures. In 1948 all but 6 of the 44 cases were in 4 of these same prefectures. (Ref. Table 16.)

The monthly distribution of cases was uneventful. (Ref. Table 15.)

Filariasis
(Int. List No. 127)

Deaths from this disease totalled 59 in 1950. The death rate was 0.1, the same as in the preceding year.

The death rate for all "shi" combined was 0.0 and all "gun" 0.1.

Deaths were recorded from filariasis in 18 prefectures. About one-third of them occurred in Kagoshima (18) and a little less than one-fourth in Nagasaki (13), both of which are located on Kyushu Island. Six deaths were recorded in Kumamoto which is also in Kyushu, the southernmost of the four main islands of Japan. (Ref. Table 10.)

The monthly distribution of death rates was uneventful. (Ref. Table 9.)

There were 106 cases reported and the case rate was 0.1 per 100,000 population. Of the 106 cases, 26 were reported from Kagoshima Prefecture; Kumamoto, 16 and Miyazaki, 12. Sixty-five (61.3 percent) of the cases were from the island of Kyushu. (Ref. Table 16.)

The monthly distribution of cases was uneventful. (Ref. Table 15.)

Scarlet Fever
(Int. List No. 050)

There were 32 deaths from scarlet fever. The death rate per 100,000 population, decreased very slightly from 0.1 in the preceding year to 0.0 in 1950, continuing the downward trend begun in 1939, to reach the lowest point of record.

For all "shi" combined the death rate was 0.0 and all "gun" 0.0.

The 32 deaths were widely scattered among 19 prefectures. Six deaths occurred in Tokyo and 4 each in Aichi and Nagano Prefectures. (Ref. Table 10.)

The monthly distribution of deaths was uneventful. (Ref. Table 9.)

There were 5,133 cases of scarlet fever reported and the case rate was 6.1 per 100,000 population, compared to 5.7 in 1949 and 3.7 in 1948.

Prefectural case rates ranged from 0.4 in Kumamoto to 18.6 in Shiga. Other prefectures having rates well above the national average include Tokyo (15.7), Kyoto (14.8), Nagano (14.7), and Osaka (13.7). (Ref. Table 16.)

The monthly distribution of case rates showed an unusually high rate (13.5) in June representing 868 cases. (Ref. Table 15.)

Smallpox
(Int. List No. 084)

Eight deaths resulted from smallpox and the death rate was 0.0 per 100,000 population, the same as that for each of the two preceding years.

The death rate for all "shi" combined was 0.0 and all "gun" 0.0.

There were 2 deaths each in Hokkaido and Tokyo, and 1 death each in Akita, Hyogo, Kagawa and Niigata. (Ref. Table 10.)

The monthly distribution of deaths was uneventful. (Ref. Table 9.)

Five cases were reported. The case rate was 0.0 per 100,000 population. In 1949 it was 0.2 and in 1948, 0.0. There were 2 cases in Nagasaki Prefecture and one each in Miyagi, Kanagawa and Tottori. (Ref. Table 16.)

The monthly distribution of cases was also uneventful. (Ref. Table 15.)

Anthrax
(Int. List No. 062)

No deaths were recorded from anthrax in 1950. There were 2 cases and the case rate was 0.0 per 100,000 population. One case was reported from Gumma Prefecture and the other from Tokyo.

There have been no deaths since 1947, in which year there were two. In 1949 there were 11 cases and in 1948, 4 cases.

Cholera
(Int. List No. 043)

There were no cases or deaths from cholera recorded.

Plague
(Int. List No. 058)

There were no cases or deaths from plague recorded.

Glanders
(Int. List No. 064.2)

There were no cases or deaths from glanders recorded in 1950.
(Ref. Table 35.)

Yellow Fever
(Int. List No. 091)

There were no cases or deaths from yellow fever recorded.

Trachoma
(Int. List No. 095)

There were 156,157 cases of trachoma reported and the case rate was 186.9 per 100,000 population, about the same as in 1948 (188.3) but lower than the figure (214.5) in 1949.

Prefectural rates ranged from 62.5 in Yamaguchi to 521.4 in Akita. Other prefectures having rates well above the national average include Iwate (477.1), Gumma (406.5), Hiroshima (383.0), Aomori (329.2) and Miyagi (313.5). Those having rates well below the national average include Shimane (64.4), Niigata (65.1), Fochi (71.8) and Kyoto (76.4).
(Ref. Table 16.)

The highest monthly case rate was for June (362.2). On the basis of monthly distributions recorded since 1947, there has been an increase in the rate from January to a peak in June, following which it decreased. (Ref. Table 15.)

Infectious Diarrhea
(Int. List No. 571, 572, and 764)

There were 95 cases of infectious diarrhea reported and the case rate was 0.1 per 100,000 population, compared to 0.9 in the preceding year in which there were 770 cases.

Seventeen prefectures reported cases, 27 from Aichi, 24 from Hokkaido, 14 from Okayama and 9 from Tochigi, and from one to four each in the 13 other prefectures. (Ref. Table 16.)

About half of the cases were reported during the months of June, July and August. (Ref. Table 15.)

Dengue Fever
(Int. List No. 090)

Only 1 case of dengue fever was reported, compared to 5 in 1949 and 6 in 1948. On the basis of data since 1948, the monthly distribution of cases has been uneventful. (Ref. Table 15 and 16.)

Gonorrhea
(Int. List No. 030-035)

The number of cases totalled 178,102 and the case rate was 213.1 per 100,000 population, a reduction from the rates in 1949 (220.4) and 1948 (273.3).

Prefectural rates ranged from 57.7 in Shimane to 870.3 in Kanagawa. Other prefectures having rates well above the national average include Fukuoka (685.6), Yamaguchi (433.3), Hiroshima (375.7), Kyoto (286.1) and Nagasaki (283.8). Those having rates well below the national average include Iwate (61.9), Ibaraki (61.9), Niigata (62.1), Akita (65.8) and Tokushima (70.5). (Ref. Table 16.)

The monthly distribution of case rates was uneventful. (Ref. Table 15.)

Chancroid
(Int. List No. 036)

The number of chancroid cases was 15,806 and the case rate was 18.9 per 100,000 population, a reduction from the rates for 1949 (26.8) and 1948 (45.7).

Prefectural case rates ranged from 2.9 in Yamagata to 87.2 in Kanagawa. Other prefectures having rates well above the national average include Kyoto (57.8), Fukuoka (46.3), Nara (44.5), Hiroshima (37.1) and Osaka (32.5). Those having rates well below the national average include Iwate (3.1), Akita (3.2), Nagano (3.3), Miyazaki (3.5) and Niigata (3.9). (Ref. Table 16.)

The monthly distribution of case rates was uneventful. (Ref. Table 15.)

Lymphogranuloma Venereum
(Int. List No. 037)

There were 490 cases of this disease reported and the case rate was 0.6 per 100,000 population, a reduction from the rates for 1949 (0.8) and 1948 (0.9).

Prefectural case rates ranged from zero in four prefectures (Miyagi, Tochigi, Kumamoto and Miyazaki) which reported there were no cases to 3.8 in Kyoto. Other prefectures having rates well above the national average include Ishikawa (2.1), Kanagawa (1.6), Osaka (1.3), Hyogo (1.3) and Hiroshima (1.1). Those having rates well below the national average include the following prefectures, all of which had a rate of 0.1: Aomori, Iwate, Akita, Yamagata, Ibaraki, Chiba, Yamanashi, Nagano and Saga. (Ref. Table 16.)

The monthly distribution of case rates was uneventful. (Ref. Table 15.)

INFANT MORTALITY

There were 141,003 deaths of infants under one year of age in 1950. Approximately 16 out of each 100 deaths were in this age group. The provisional infant death rate, 59.8 per 1,000 live births, was the lowest of record. The rate in 1949 was 62.5, and in 1948 it was 61.7. (Ref. Chart A-11 and Tables 3 and 4.)

For all "shi" combined the rate was 50.5 and for all "gun" 64.7.

The monthly distribution of rates shows the lowest rate was 37.3 in September. In the three preceding years the low point was also in September. The rates decreased regularly from 76.7 in March to this low point referred to above and then increased to 76.2 in December (Ref. Table 37 and 38). Because of the customary way in which births occurring in December have been registered, it is likely that the December rate is too high, and the January rate (75.7) too low, since the number of live births is used to compute the infant mortality rate. As discussed in the paragraph "Seasonal Rates" under "Births" it is believed that the effect is less than in previous years.

Prefectural rates ranged from 40.6 in Kanagawa to 95.4 in Aomori. Other prefectures having rates well above the national average include Iwate (89.4), Toyama (83.3), Ishikawa (83.2) and Akita (79.5). Others having rates well below the national average include Tokyo (43.5), Nagano (48.8), Kyoto (50.5) and Yamaguchi (51.0). (Ref. Chart A-13 and Tables 37 and 38.)

Infant Deaths from Selected Causes

The ten leading causes of infant deaths totalled 118,993 which represents 84.4 percent of infant deaths from all causes. In order of their importance, they were as follows: Congenital debility, pneumonia, premature birth, enteritis and colitis and diarrhea, other diseases peculiar to early infancy, bronchitis and bronchiectasis, congenital

malformations, whooping cough, beriberi and accidents. (Ref. Table 20.)

Infant death rates were the lowest of record for the following causes: congenital debility, enteritis and colitis and ulceration of intestine and diarrhea, other diseases peculiar to early infancy, beriberi, meningitis except meningococcal and tuberculosis, measles, convulsions and tetany, erysipelas, non-puerperal septicemia and pyemia, and tetanus. They were highest for the following causes: premature birth, congenital malformations and birth injuries.

Congenital Debility
(Int. List No. 772.0, 773a)

There were 25,096 deaths of infants from congenital debility, the principal cause of infant deaths in 1950, and also in each of the preceding years. The death rate was 10.6 per 1,000 live births, the lowest of record. (Ref. Table 20.)

For all "shi" combined the rate was 8.3 and all "gun", 11.9.

Prefectural death rates of infants ranged from 5.9 in Kanagawa to 20.8 in Aomori, other prefectures having rates well above the national average, include Nara (17.2), Akita (16.9), Fukui (15.6), Shiga (15.4) and Ishikawa (14.4). Others having rates well below the national average include Tokyo (6.2), Nagano (6.3), Yamaguchi (7.3) and Hokkaido (7.7). (Ref. Table 39.)

As usual the monthly death rates decreased to a low point (6.8) in September and then increased to December. (Ref. Table 19.)

Pneumonia, Including Pneumonia of the Newborn
(Int. List No. 490-493, 763)

The second leading cause of infant deaths was pneumonia which was responsible for 24,128 deaths. The death rate was 10.2 per 1,000 live births, the same as in the preceding year and the second lowest of record. The lowest rate was 8.5 in 1948. (Ref. Table 20.)

For all "shi" combined the rate was 9.7 and all "gun" 10.5.

Prefectural infant death rates ranged from 7.3 in Akita to 19.3 in Iwate. Other prefectures having rates well above the national average include Tokushima (15.5), Aomori (15.1), Fukushima (12.0), Nagasaki (11.9), Chiba (11.7) and Toyama (11.7). Those having rates well below the national average include Shiga (7.6), Kyoto (7.8), Saga (8.1), and Nagano (8.4). (Ref. Table 39.)

The monthly rate decreased from 18.4 in January to a low point (2.9) in August, after which it increased to 14.2 in December. (Ref. Table 19.)

Premature Birth

(Int. List No. 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776)

Third in order of importance as a cause of infant deaths was premature birth, resulting in 21,087 deaths. The death rate was 8.9 per 1,000 live births, the highest of record. Rates in each of the two preceding years were 5.1. (Ref. Table 20.)

The death rate for all "shi" combined was 7.6 and all "gun" 9.6.

Prefectural infant death rates ranged from 5.3 in Kanagawa to 14.1 in Iwate. Other prefectures having rates well above the national average include Saitama (13.9), Okayama (13.5), Toyama (13.0), Chiba (12.9) and Ishikawa (12.9). Those having rates well below the national average include Fukuoka (5.4), Hokkaido (5.4), Yamanashi (6.1), Nagasaki (6.3) and Kagoshima (6.6). (Ref. Table 39.)

The monthly distribution of rates was uneventful. (Ref. Table 19.)

Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (Int. List No. 571, 572, 578a, 764)

The fourth leading cause of infant deaths was enteritis and colitis, ulceration of the intestines and diarrhea, which caused 19,383 deaths. The infant death rate was 8.2 per 1,000 live births, the lowest of record. In 1949 the rate was 9.9 and in 1948, 11.7. (Ref. Table 20.)

For all "shi" combined the rate was 6.3 and all "gun" 9.2.

Prefectural infant death rates ranged from 4.3 in Kanagawa to 17.6 in Aomori. Other prefectures having rates well above the national average include Akita (15.2), Ishikawa (13.7), Iwate (13.4), Fukui (12.7) and Toyama (12.3). Those having rates well below the national average include Tokyo (4.4), Guma (5.4), Kyoto (5.4), Kochi (5.6) and Kagawa (5.6). (Ref. Table 39.)

As usual, a summer peak occurred in the monthly rates. The highest rate (12.3) was in July. In each of the two preceding years, the peak month was also July. (Ref. Table 19.)

Other Diseases Peculiar to Early Infancy

(Int. List No. 762.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0, 773B, 785.2)

The fifth cause of importance for infant deaths was other diseases peculiar to early infancy, which was responsible for 7,578 deaths. The infant death rate was 3.2 per 1,000 live births, a slight reduction below that in each of the two preceding years of 3.3 to reach its lowest point of record. (Ref. Table 20.)

For all "shi" combined the rate was 2.6 and all "gun" 3.5.

Prefectural infant death rates ranged from 1.9 in Tokyo to 4.9 in Oita and Saga. Other prefectures having rates well above the national average include Chiba (4.8), Ibaraki (4.5), Shizuoka (4.2) and Mie (4.1). Those having rates well below the national average include Hokkaido (2.2), Gumma (2.4), Miyagi (2.4) and Niigata (2.4). (Ref. Table 39.)

The monthly infant death rates decreased from 4.2 in January to a low point (2.5) in August and then rose to 4.3 in December. A similar trend in the rates was observed in the two preceding years. (Ref. Table 19.)

Bronchitis and Bronchiectasis
(Int. List No. 500-502, 526)

There were 7,170 deaths of infants from bronchitis and bronchiectasis, the sixth leading cause of death. The infant death rate was 3.0 per 1,000 live births, the third lowest of record. Although it was lower than in 1949 (3.5) and 1948 (3.3), it was slightly higher than 2.8 in 1943 and 2.9 in 1941 and 1942. (Ref. Table 20.)

For all "shi" combined the rate was 1.9 and all "gun" 3.6.

Prefectural infant death rates ranged from 1.2 in Kanagawa to 5.1 in Akita and Toyama. Other prefectures having rates well above the national average include Iwate (5.0), Aomori (4.7), Ishikawa (4.7), Fukui (4.4) and Gifu (4.2). Others having rates well below the national average include Tokyo (1.3), Osaka (1.7), Fukuoka (2.1) and Kyoto (2.2). (Ref. Table 39.)

Monthly rates decreased from 5.5 in January to 0.9 in August and then rose to 3.7 in December. (Ref. Table 19.)

Congenital Malformations
(Int. List No. 750-759)

The seventh leading cause of infant deaths was congenital malformations, which was responsible for 5,468 deaths. The death rate was 2.3 per 1,000 live births, the highest of record. It was 2.0 in 1949 and 1.7 in 1948. (Ref. Table 20.)

The rate for all "shi" combined was 2.4 and all "gun" 2.3.

Prefectural infant death rates ranged from 1.8 in Hyogo, Kagoshima and Oita to 3.0 in Gumma. Other prefectures having rates well above the national average included Saitama (2.9), Chiba (2.8), Fukui (2.8) and Miyagi (2.8). Others having rates well below the national average include Miyazaki (2.0), Nagasaki (2.0) and Yamaguchi (2.0). (Ref. Table 39.)

The monthly distribution of rates was uneventful. (Ref. Table 19.)

Whooping Cough
(Int. List No. 056)

There were 4,433 deaths of infants from the eighth leading cause. The death rate was 1.9 per 1,000 live births, the fourth lowest of record. It was 1.9 in 1949 and 1.0 in 1948. In 1933 it was 1.6 and in 1922, 1.8. (Ref. Table 20.)

For all "shi" combined the rate was 1.7 and all "gun" 2.0.

Prefectural infant death rates ranged from 0.6 in Hokkaido to 4.0 in Tokushima. Other prefectures having rates well above the national average include Ibaraki (3.3), Toyama (3.3), Miyazaki (3.1) and Kagoshima (3.0). Those having rates well below the national average include Hiroshima (0.9), Akita (1.0), Okayama (1.1), Yamagata (1.1) and Iifu (1.2). (Ref. Table 39.)

Although the annual infant death rate was the same in both 1949 and 1950, the monthly distribution of rates was somewhat different. Both in 1948 and 1949 there was a slight peaking of the rates about June and July. This was not so evident in 1950 because the rates in the early part of the year were higher than usual. (Ref. Table 19.)

Periberi
(Int. List No. 280)

Periberi, the ninth leading cause of infant deaths was responsible for 2,482 deaths. The death rate was 1.1 per 1,000 live births, the lowest of record. It was 1.3 in 1949 and 1.4 in 1948. (Ref. Table 20.)

For all "shi" combined the rate was 0.8 and for all "gun" 1.2.

Prefectural infant death rates ranged from 0.2 in Tokushima to 2.5 in Aomori. Prefectures having rates well above the national average include Iwate (2.3), Yamagata (2.1), Ishikawa (1.9), Miyagi (1.9), Shiga (1.8) and Totteri (1.8). Those having rates well below the national average include Ehime, Gumma, Kagawa and Nagano Prefectures, all of which had a rate of 0.5. (Ref. Table 39.)

Monthly infant death rates were noticeably lower in the third quarter of 1950 than they were in the first and fourth quarter of the year. This was also true in each of the two preceding years. (Ref. Table 19.)

Accidents and Poisonings
(Int. List No. E800-E962)

The tenth leading cause of infant deaths was accidents, which was responsible for 2,168 deaths. The death rate was 0.9 per 1,000 live births, equalling the rate recorded in 1932. In 1949 the rate was 0.7 and in 1948, 0.8. (Ref. Table 20.)

For all "sni" combined the rate was 1.0 and all "gun" 0.9.

Prefectural infant death rates ranged from 0.2 in Nara to 1.5 in

Iwate. Other prefectures having rates well above the national average include Fukushima (1.4), Kagoshima (1.4), Hokkaido (1.3) and Shimane (1.3). Others having rates well below the national average included Chiba, Ibaraki, Kochi and Mie Prefectures, all of which had a rate of 0.5. (Ref. Table 39.)

Monthly infant death rates from accidents were lowest in the third quarter and highest during the first quarter. (Ref. Table 19.)

Sudden Death, Unknown and Ill-Defined Conditions

(Int. List No. 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3, 784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8, 788.9, 790-791, 793, 795x, 795.1-795.5)

There were 2,068 infant deaths from this cause. The death rate was 0.9 per 1,000 live births, equalling the rate recorded in the preceding year, the lowest of record. (Ref. Table 20.)

For all "shi" combined the rate was 0.7 and all "gun" 1.0.

Prefectural infant death rates ranged from 0.2 in Tottori to 1.9 in Aomori. Other prefectures having rates well above the national average include Toyama (1.8), Tokushima (1.7), Hokkaido (1.6), Iwate (1.5) and Akita (1.5). Those having rates well below the national average include Kagoshima (0.3), Kyoto (0.4) and Okayama (0.4). (Ref. Table 39.)

Monthly infant death rates were noticeably lower during the third quarter than they were in the first quarter. (Ref. Table 19.)

Meningitis Except Meningococcal and Tuberculosis

(Int. List No. 340)

There were 1,790 infant deaths from this cause and the death rate was 0.8 per 1,000 live births, the lowest of record. It was 0.9 in 1949 and 1.0 in 1948. (Ref. Table 20.)

For all "shi" combined the rate was 0.7 and all "gun" 0.8.

Prefectural infant death rates ranged from 0.3 in Okayama to 1.5 in Ishikawa. Other prefectures having rates well above the national average include Fukui (1.3), Akita (1.2), Mie (1.2), Tottori (1.2), Toyama (1.2) and Chiba (1.2). Those having rates well below the national average include Okayama (0.3) and Gumma (0.4). (Ref. Table 39.)

There was a slight tendency for the rates to peak in May and June. In 1949 and 1948 this tendency was noted for April and May. (Ref. Table 19.)

Measles

(Int. List No. 085)

Deaths of infants from measles totalled 1,325 and the death rate was 0.6 per 1,000 live births, extending the rate (0.7) of 1948

downward slightly to a new low point. (Ref. Table 20.)

For all "shi" combined the rate was 0.5 and all "gun" 0.6.

Prefectural infant death rates ranged from zero in Shimane and Toyama for which no deaths were recorded to 2.4 in Tokushima. Other prefectures having rates well above the national average include Iwate (2.1), Gumma (1.3), Kagawa (1.3) and Tochigi (1.3). (Ref. Table 39.)

Although 1950 was on the low side of the regular 2-year cycle for this disease, there was a slight peaking of the monthly rates in May and June. (Ref. Table 19.)

Birth Injuries
(Int. List No. 760-761)

There were 1,302 infant deaths from birth injuries and the death rate was 0.6 per 1,000 live births, the highest of record. In the two preceding years it was 0.4. (Ref. Table 19.)

For all "shi" combined the rate was 0.7 and all "gun" 0.5.

Prefectural infant death rates ranged from 0.2 in Aomori to 1.3 in Kochi and Wakayama. Other prefectures having rates above the national average include Gifu (0.9), Ishikawa (0.8), Shiga (0.9), Kagawa (0.8), Okayama (0.8) and Yamagata (0.8). (Ref. Table 39.)

The monthly distribution of infant death rates was uneventful. (Ref. Table 19.)

Tuberculosis, All Forms
(Int. List No. 001-019)

Infant deaths from tuberculosis totalled 1,211 deaths. The death rate was 0.5 per 1,000 live births equalling the second lowest of record which has often been recorded in past years. The rate in 1949 was 0.5 and in 1948, 0.4. (Ref. Table 19.)

For all "shi" combined the rate was 0.8 and all "gun" 0.4.

Prefectural infant death rates ranged from 0.1 in Nagano and Tochigi to 1.0 in Hokkaido and Kyoto. Prefectures having rates above the national average include Hyogo (0.9), Tokushima (0.9), Tokyo (0.9) and Osaka (0.8). Those having rates below the national average include Miyazaki, Saitama, Shiga, Yamagata and Yamanashi, all of which had a rate of 0.2. (Ref. Table 39.)

As in each of the two preceding years, there was a slight peaking of the rates in April, May and June. (Ref. Table 19.)

Convulsions and Tetany
(Int. List No. 780.2, 788.5)

There were 908 deaths of infants from convulsions and tetany. The death rate was 0.4 per 1,000 live births, the lowest point of record and a slight reduction from the rate (0.5) in each of the two preceding years. (Ref. Table 19.)

For all "shi" combined the rate was 0.2 and all "guns" 0.5.

Prefectural infant death rates have ranged from zero in Tokushima for which no deaths were recorded to 4.9 in Toyama. Other prefectures having rates above the national average include Ishikawa (3.5), Akita (2.8) and Aomori (2.6). (Ref. Table 39.)

The monthly distribution of infant death rates was uneventful. (Ref. Table 19.)

Syphilis and Its Sequelae
(Int. List No. 020-029)

There were 878 deaths of infants ascribed to syphilis and its sequelae. The death rate was 0.4 per 1,000 live births, equalling the lowest point of record established in 1947. It was 0.4 both in 1949 and 1948. (Ref. Table 19.)

For all "shi" combined the rate was 0.5 and all "gun" 0.3.

Prefectural infant death rates ranged from 0.1 in Hiroshima and Toyama to 1.1 in Saga. Other prefectures having rates above the national average include Kochi (0.9), Nara (0.9), Kagoshima (0.7), Nagasaki (0.7) and Fukuoka (0.7). (Ref. Table 39.)

The monthly distribution of infant death rates was uneventful. (Ref. Table 19.)

Tetanus
(Int. List No. 061)

Deaths of infants from tetanus totalled 581. The death rate was 0.2 per 1,000 live births. Although it was only slightly below the rate (0.3) in the preceding year, it was a new low point of record. The rate was 0.4 in 1948. (Ref. Table 19.)

For all "shi" combined the rate was 0.2 and all "gun" 0.3.

Prefectural infant death rates ranged from zero in Nara in which no deaths were recorded to 0.8 in Ibaraki. Other prefectures having rates above the national average include Kagawa (0.7), Yamanashi (0.7) and Chiba (0.6). (Ref. Table 39.)

The usual rise in the infant death rates during the summer months was observed. (Ref. Table 19.)

Erysipelas
(Int. List No. 052)

There were 412 deaths of infants from erysipelas. The death rate was 0.2 per 1,000 live births, slightly lower than 0.3 in the preceding year, establishing a new low point of record. In 1948, the rate was 0.4. (Ref. Table 19.)

For all "shi" combined the rate was 0.1 and all "gun" 0.2.

Prefectural infant death rates ranged from zero in Fukui and Saga which did not record any infant deaths from this cause to 0.4 in Shiga, Tottori, Toyama and Yamaguchi. (Ref. Table 39.)

The monthly distribution of infant death rates from this disease was uneventful. (Ref. Table 19.)

Septicemia and Pyemia, Non-puerperal
(Int. List No. 053)

Deaths of infants from this cause totalled 308 and the death rate was 0.1 per 1,000 live births, the lowest of record. In 1949 the rate was 0.3 and 0.4 in 1948. (Ref. Table 19.)

For all "shi" combined and also for all "gun" the rate was 0.1.

Prefectural infant death rates ranged from 0.0 in 7 prefectures to 0.3 in Kagoshima, Nara and Oita. (Ref. Table 39.)

The monthly distribution of infant death rates was uneventful. (Ref. Table 19.)

Influenza
(Int. List No. 480-483)

There were 247 deaths of infants from influenza. The death rate was 0.1 per 1,000 live births, equalling the low point of record established in 1948. (Ref. Table 19.)

For all "shi" combined the rate was 0.1, the same as for all "gun."

Prefectural infant death rates ranged from zero in Gifu and Shiga where no deaths were recorded from this disease to 0.5 in Tokushima. (Ref. Table 39.)

As usual, the monthly infant death rates from influenza were higher in the winter and spring months than at other times during the year. (Ref. Table 19.)

Dysentery, All Forms
(Int. List No. 045-048)

There were 187 infant deaths from this cause. The death rate was

0.1 per 1,000 live births, the same as that which prevailed each year since 1920, with the exception of 1949 and 1948 in which the rate was 0.0. (Ref. Table 19.)

For both all "shi" combined and all "gun" the rate was 0.1.

Prefectural infant death rates ranged from zero in 6 prefectures in which no deaths were recorded from this disease to 0.3 in Tottori. (Ref. Table 39.)

As in each of the two preceding years, an increase in the number of deaths recorded occurred between May and September, with the greatest number (60) in July. (Ref. Table 19.)

Diphtheria
(Int. List No. 055)

There were 119 deaths of infants from diphtheria. The death rate was 0.1 per 1,000 live births, equalling the low point of record. In each of the two preceding years the rate was also 0.1. (Ref. Table 19.)

Both for all "shi" combined and all "gun" the rate was 0.1.

In 11 prefectures, infant deaths from this cause were recorded. Only Miyazaki Prefecture had a rate (0.2) above the national average. There were 14 deaths in Hokkaido. (Ref. Table 39.)

The largest number of deaths was recorded in January (17) and February (18) and during the summer months the number decreased to 5 or 6, rising to 12 at the end of the year. (Ref. Table 19.)

Meningococcal Infections
(Int. List No. 057)

There were 50 deaths of infants from this cause. The death rate was 0.0 per 1,000 live births, the same as in each year of record. (Ref. Table 19.)

For all "shi" combined and all "gun" the rates were both 0.0. Of the 50 deaths, 32 were in "shi" and 18 in "gun."

In 24 prefectures no deaths of infants were recorded from meningococcal infections. In all other prefectures, the rate was 0.0, except Aomori, Hokkaido, Osaka, Tottori and Yamagata, where it was 0.1. (Ref. Table 39.)

The monthly distribution of infant death rates was uneventful. (Ref. Table 19.)

Japanese "B" Encephalitis
(Int. List No. 082a)

Twenty-one deaths of infants were recorded from this disease.

The death rate was 0.0 per 1,000 live births, the same as in each of the three preceding years.

The rate was the same (0.0) for all "shi" combined and all "gun." Twelve of the deaths occurred in "shi" and 9 in "gun."

Nine of the deaths occurred in Tokyo, 2 each in Niigata and Yamaguchi. (Ref. Table 39.)

Of the 21 deaths, 11 occurred in August, 9 in September and 1 in October. (Ref. Table 19.)

Scarlet Fever
(Int. List No. 050)

One death of an infant from scarlet fever was recorded in Kanagawa Prefecture in September. This was the smallest number of record. (Ref. Table 19.)

Malaria
(Int. List No. 110-117)

One infant death from malaria was recorded in Ishikawa Prefecture in the month of June.

STILLBIRTHS

Stillbirths totalled 216,979 and the stillbirth rate was 92.1 per 1,000 live births, the highest of record. This represented an increase of almost 100 percent above the rate (46.2) in 1947. In 1949 it was 71.5 and in 1948, 53.7.

For all "shi" combined the rate was 134.0 and all "gun" 70.4. (Ref. Table 41.)

Prefectural rates ranged from 75.4 in Chiba to 148.0 in Tottori. Other prefectures having rates well above the national average include Osaka (121.4), Nagano (115.9), Miyazaki (114.4), Kyoto (113.2) and Okayama (113.0). Those having rates well below the national average include Tochigi (76.6), Kagoshima (77.1), Hokkaido (77.1), Ishikawa (77.4) and Saitama (78.2). (Ref. Table 22.)

Monthly rates were highest in May (101.6) and September (103.7). The rate for January is considered to be below the correct figure, while that for December is probably higher than it should be, because of the long established custom of delaying an appreciable number of live birth registrations which occur in December until January and then registering them as having occurred in January. However, this situation is believed to have improved following the change in age counting on 1 January 1950 and more intensive educational efforts. (Ref. Table 21.)

MARRIAGES

Marriages totalled 717,042 and the marriage rate was 8.6 per 1,000 population, a marked reduction below the highest point of record (12.0) in 1947. Even so, it was still above the level maintained in the decade 1930-1939 and almost double the rate that would have resulted from a projection of the downward trend recorded in 1920-1933.

For all "shi" combined the rate was 7.9 and all "gun" 9.0. (Ref. Table 43.)

Prefectural rates ranged from 7.3 in Kyoto and Tokyo to 9.8 in Fukushima and Yamagata. Other prefectures having rates well above the national average include Aomori (9.5), Iwate (9.6), Fukui (9.4), Saga (9.4), Miyagi (9.4) and Tottori (9.4). Those having rates well below the national average include Tokyo (7.3), Kanagawa (7.7), Osaka (7.7) and Saitama (7.9). (Ref. Table 24.)

The month in which the marriage rate was lowest (6.7) was August, the highest (11.4) was in February. This same relationship was also noted for the preceding year. Marriage rates have been highest in the first quarter and lowest in the third quarter. (Ref. Table 23.)

DIVORCES

There were 83,861 divorces and the divorce rate was 1.0 per 1,000 population, the same as it was in each of the 3 preceding years. Data are not available for 1944-1946, but the long trend downward which began about the beginning of the century (1900) terminated between 1943 and 1947. The rate in 1950 was approximately double the rate that would have resulted from a projection of the long-time trend referred to above.

For all "shi" combined the rate was 1.1 and all "gun" 0.9.

Prefectural rates ranged from 0.7 in Ibaraki, Nagano and Saitama to 1.3 in Akita, Ehime, Hiroshima, Kochi and Nagasaki. (Ref. Table 26.)

The monthly distribution of divorce rates was rather uneventful. There was a small decrease in June and July, which was also characteristic of each of the two preceding years. (Ref. Table 25.)

NON-NATIONALS

Vital events of non-nationals (exclusive of those connected with the Occupation of Japan) are shown in Table 55. There were 20,443 births compared to 21,869 in 1949; 20,549 in 1948 and 13,301 in 1947. Deaths also decreased, there being 4,980 compared to 5,222 in 1949; 4,432 in 1948 and 4,184 in 1947. Infant deaths were fewer (1,154) compared to 1,475 in 1949; 1,196 in 1948 and 1,142 in 1947. Stillbirths increased, there being 1,275 compared to 1,261 in 1949; 1,037 in 1948 and 789 in 1947.

Marriages increased to 1,118 compared to 896 in 1949 and 748 in 1948. Divorces totalled 35 compared to 24 in 1949 and 34 in 1948.

BIRTH, DEATHS AND INFANT DEATHS OF
JAPANESE NATIONALS OUTSIDE OF JAPAN

The number of live births of Japanese nationals which occurred outside Japan Proper in 1950 and which were recorded in Japan totalled 4,319 compared to 5,958 in 1949; 8,896 in 1948 and 24,633 in 1947. Deaths totalled 13,984 compared to 27,113 in 1949; 142,062 in 1948 and 470,268 in 1947. Infant deaths decreased considerably to 375 compared to 567 in 1949; 966 in 1948 and 3,435 in 1947. (Ref. Table 56.)

HOSPITALS

Number of Hospitals

The number of hospitals in Japan averaged 3,268 in 1950, compared to 3,019 in the preceding year. Of this total, 309 were tuberculosis sanatoria, 131 mental hospitals, 13 leprosaria and 2,815 other kinds of hospitals, including general hospitals. The monthly average number of hospitals increased from 3,154 in January to 3,395 in December. Correspondingly, tuberculosis sanatoria increased from 296 to 327; mental hospitals from 124 to 133; leprosaria remained unchanged at 13 and all other hospitals from 2,721 to 2,922. (Ref. Table 27.)

Among the prefectures, the greatest number were in Tokyo (271), followed by Hokkaido (240), Osaka (163), Aichi (148) and Fukuoka (141). The smallest number (18) were in Tottori. (Ref. Table 46.)

Total Patient Load

The daily average patient load of all patients in civilian hospitals, including both in-patients and out-patients was 514,189, compared to 460,177 in the preceding year. Of this total, 60,000 went to tuberculosis sanatoria; 16,002 to mental hospitals, 8,664 to leprosaria and the remaining 429,523 to other kinds of hospitals. For all hospitals combined, the average number increased from 422,301 in January to 502,430 in December. Correspondingly, in tuberculosis sanatoria, it increased from 51,882 to 64,603; in mental hospitals from 13,854 to 17,072; in leprosaria from 8,529 to 8,814 and in all other kinds of hospitals from 348,036 to 411,941. (Ref. Table 27.)

As usual, the cyclical fluctuation in numbers of patients was observed, beginning in October and decreasing through the end of the year. The cycle which began in 1949 in October decreased to its lowest point in January of 1950 and then rose steadily to its highest point in August.

The total patient load by prefecture is shown on Table 46.

In-Patient Load

The daily average patient load of all in-patients was 194,198 compared to 158,470 in the preceding year. Of this total, 55,222 were in tuberculosis sanatoria; 15,493 in mental hospitals; 8,649 in leprosaria and the remaining 114,834 in other kinds of hospitals.

For all hospitals combined, the daily average in-patient load increased from 164,093 in January to 213,439 in September, then decreased to 203,778 in December. In tuberculosis sanatoria, it increased fairly regularly from 48,517 in January to 59,623 in December. In mental hospitals there was an increase from 13,448 in January to 16,908 in November, decreasing to 16,588 in December. All other kinds of hospitals increased from 93,617 in January to 129,126 in September and decreased thereafter to 118,772 in December. Leprosaria increased with fluctuations from 8,511 in January to 8,805 in December. (Ref. Table 27 and 46).

Out-patient Load

The daily average patient load of out-patients was 319,991 compared to 301,707 in the preceding year. Of this total, 4,778 went to tuberculosis sanatoria; 509 to mental hospitals; 15 to leprosaria and the remaining 314,689 to other kinds of hospitals. For all hospitals combined, the daily average patient load increased from 258,208 in January to 376,120 in August and decreased to 298,642 in December. Correspondingly, for tuberculosis sanatoria, it increased from 3,365 to 5,435 in September and decreased thereafter to 4,980 in December. For mental hospitals the variation was from 406 in January, to 631 in August, to 484 in December; for leprosaria, there were 18 out-patients in January, a high of 22 in March, a low of zero in September, and 9 in December. In all other hospitals, out-patients increased from 254,419 in January to 370,164 in August, and decreased to 293,159 in December. (Ref. Tables 27 and 46.)

Bed Capacity

The rated bed capacity averaged 263,198 compared to 249,042 in 1949. Of the 263,198 beds, 61,032 were in tuberculosis sanatoria; 17,024 in mental hospitals; 8,907 in leprosaria and 176,235 in other kinds of hospitals. The monthly average rated bed capacity increased from 254,703 in January to 274,512 in December. Correspondingly, in tuberculosis sanatoria, it increased from 56,973 to 65,480; in mental hospitals from 16,041 to 17,676; in leprosaria it decreased from 9,037 to 8,389 and in all other hospitals increased from 172,652 to 182,467. Bed capacity by prefecture is shown in Table 46.

Bed Occupancy

The average percent of rated bed capacity occupied for all kinds of hospitals combined was 73.8 compared to 63.6 in the preceding year. For tuberculosis sanatoria the annual average percent in 1950 was 90.5 compared to 79.1 in 1949. Correspondingly for mental hospitals the percents were 91.0 and 79.4; leprosaria, 97.1 and 90.5 and for all other kinds of hospitals, 65.2 and 55.8.

For all kinds of hospitals combined the percent in January was 64.4, which rose to its highest point (80.1) in September and then decreased to 74.2 in December. For tuberculosis sanatoria, the percent in January was 85.2, which rose to its highest point (94.7) in September and then decreased to 91.1 in December. For mental hospitals, the percent in January was 83.8 which rose to the highest point (95.8) in November and then decreased to 93.8 in December. For leprosaria

the percent in January was 94.2, which rose to its highest point (99.1) in December. For all other kinds of hospitals, the percent in January was 54.2, which rose to its highest point (72.5) in September and then decreased to 65.1 in December. (Ref. Table 27.)

NUTRITION SURVEYS

For a discussion of the nutrition surveys, refer to Chapter 10. Data tabulated from the quarterly surveys conducted in 1950 are shown in Tables 47-54.

WELFARE

A few statistics of Welfare will be found in the discussion in Chapter 7. No formal tabular presentations of welfare statistics are included in this report. A great deal of time and effort was expended during 1950 in studying the statistical reports being received by the Children's Bureau and the Social Affairs Bureau of the Welfare Ministry. They were completely revised and a set of monthly and annual statistical report forms designed, together with a companion detailed manual of instructions explaining the meaning of each box in the heading and stub of every table. These were completed and sent out by the Ministry to be used by the welfare offices, effective 1 January 1951. Beginning with the January report, the Health and Welfare Statistics Division of the Welfare Ministry will receive them and prepare tabulations and make statistical analysis of the data for the Social Affairs Bureau and the Children's Bureau.

Even before 1950 began, it was obvious that it would be very difficult to achieve the completeness and quality of welfare statistics as quickly as desired, because of inadequate budget provisions for the fiscal year ending 31 March 1952 and lack of trained personnel in welfare statistics. The Health and Welfare Statistics Division of the Welfare Ministry succeeded in getting budget provisions for one statistician in each prefectural welfare department beginning 1 April 1951, the start of the new fiscal year. Plans have already been made to hold regional training conferences for all persons concerned with the preparation and collection of welfare statistics reports and to call a short national training conference in Tokyo for persons in charge of welfare statistics at the prefectural level as soon as possible in April or May 1951.

It is anticipated that a development period must be passed through similar to that which was experienced in providing health statistics services to all health centers and prefectural health departments after 1 July 1948. The importance of obtaining dependable statistical data as a basis for planning, administering and evaluating the welfare program is clear and every effort will be made to achieve the goal as quickly as possible.

TABLE 1. - POPULATION BY PREFECTURE: JAPAN, 1949-1950

Area	1/ 1950	2/ 1949	Area	1/ 1950	2/ 1949
All Japan	83,800,000	32,200,000	Mie	1,471,800	1,465,000
All "Shi"	31,426,000	29,636,300	Miyagi	1,675,300	1,639,600
All "Gun"	52,374,000	22,563,700	Miyazaki	1,099,400	1,078,400
Aichi	3,415,200	3,328,300	Nagano	2,075,800	2,082,800
Akita	1,318,500	1,304,200	Nagasaki	1,657,500	1,615,200
Aomori	1,292,200	1,258,200	Nara	769,300	775,900
Chiba	2,154,600	2,152,700	Niigata	2,478,900	2,463,000
Ehime	1,532,900	1,510,500	Osaka	1,262,100	1,256,900
Fukuoka	757,800	747,400	Okayama	1,673,200	1,665,700
Fukushima	3,555,400	3,441,900	Osaka	3,884,900	3,708,300
Gifu	2,077,300	2,056,800	Saga	952,000	943,900
Gumma	1,555,700	1,543,900	Saitama	2,161,900	2,152,200
	1,613,100	1,614,900	Shiga	867,400	872,200
Hiroshima	2,097,000	2,076,400	Shimane	919,200	913,500
Hokkaido	4,328,500	4,183,300	Shizuoka	2,489,400	2,454,000
Hyoogo	3,333,400	3,252,700	Tochigi	1,561,700	1,563,600
Ibaraki	2,054,200	2,054,300	Tokushima	884,700	879,100
Ishikawa	964,200	955,300	Tokyo	6,321,200	5,882,100
Iwate	1,358,700	1,328,500	Tottori	604,600	600,100
Kagawa	952,900	945,800	Toyama	1,016,100	1,009,600
Kagoshima	1,817,200	1,796,100	Wakayama	989,300	987,000
Kanagawa	2,505,800	2,417,100	Yamagata	1,367,100	1,360,000
Kochi	880,200	875,400	Yamaguchi	1,552,100	1,532,400
			Yamaguchi	817,200	818,300
Kumamoto	1,840,800	1,817,700			
Kyoto	1,846,300	1,819,800			

Footnotes: Estimated total population for all Japan, 1 July 1949 and 1950, as published Japanese Economic Statistics, Bulletin No. 51, Nov. 1950, Economic and Scientific Section, GHQ, SCAP.

- 1/ Population estimates for subdivisions as of 1 July 1950 for all "Shi", all "Gun", and each prefecture were distributed according to the 1 October 1950 census by Public Health and Welfare Section, GHQ, SCAP.
- 2/ Population estimates as of 1 July 1949 for "Shi", all "Gun", and each prefecture were distributed according to the average of 1 August 1948 census and 1 October 1950 census by Public Health & Welfare Section, GHQ, SCAP.

TABLE 2. - 1/ POPULATION BY AGE: JAPAN, 1949-1950

Age	1950	1949
All Ages	83,974,000	82,605,000
0-4	11,028,000	10,577,000
5-9	9,631,000	9,842,000
10-14	8,815,000	8,785,000
15-19	8,706,000	8,604,000
20-24	7,884,000	7,723,000
25-29	6,260,000	6,037,000
30-34	5,239,000	5,115,000
35-39	5,055,000	5,043,000
40-44	4,574,000	4,455,000
45-49	4,073,000	4,050,000
50-54	3,466,000	3,374,000
55-59	2,775,000	2,709,000
60 and over	6,468,000	6,291,000

1/ Data are estimates as of 1 October, prepared by the
Institute of Population Problems, Ministry of Welfare.

TABLE 3. - POPULATION 1/LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES AND DIVORCES: JAPAN, 1948-1950

Year	2/Population	Live Births	Deaths	3/Infant Deaths	4/Stillbirths	Marriages	Divorces
*1950	83,800,000	2,356,765	908,782	141,003	216,979	717,042	83,861
1949	82,200,000	2,696,638	945,444	168,467	192,677	842,170	82,575
1948	80,200,000	2,681,624	950,610	165,406	143,963	953,959	79,032

Footnotes: *Data are provisional.

1/Data refer to vital events of Japanese nationals in Japan.2/Population estimated as of 1 July each year.3/Deaths under one year of age.4/Stillbirths after the third month.

Source of population data: Bulletin 51, Nov. 1950, Japanese Economic Statistics, Economic and Scientific Section, GHQ, SCAP.

Source of vital statistics: 1948 and 1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 4. - 1/LIVE BIRTH, DEATH, INFANT DEATH, STILLBIRTH, MARRIAGE AND DIVORCE RATES: JAPAN, 1948-1950

Year	Live Birth Rates	Death Rates	2/Infant Death Rates	3/Stillbirth Rates	Marriage Rates	Divorce Rates
*1950	28.1	10.8	59.8	92.1	8.6	1.0
1949	32.8	11.5	62.5	71.5	10.2	1.0
1948	33.4	11.9	61.7	53.7	11.9	1.0

Footnotes: *Data are provisional.

1/Birth, death, marriage and divorce rates are the number of events per 1,000 population estimated as of 1 July each year. Infant death and stillbirth rates are per 1,000 live births in the corresponding period. Data refer to vital events of Japanese nationals in Japan.2/Deaths under one year of age.3/Stillbirths after the third month.

Sources: Rates were computed by Public Health and Welfare Section, GHQ, SCAP. Sources of original vital statistics data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 5. - 1/LIVE BIRTHS AND LIVE BIRTH RATES BY MONTH: JAPAN, 1948-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<u>NUMBER</u>													
*1950	2,356,765	258,129	221,819	217,517	189,292	173,098	163,529	186,208	192,572	192,972	189,370	186,468	185,791
49	2,696,638	322,478	241,501	246,741	218,543	201,362	187,434	210,489	217,115	219,824	218,430	208,959	203,762
48	2,681,624	319,851	257,255	252,681	219,661	197,430	184,956	203,628	212,708	212,970	216,097	217,027	187,360
<u>RATES (per 1,000 population per annum)</u>													
*1950	28.1	36.3	34.5	30.6	27.5	24.3	23.7	26.2	27.1	28.0	26.6	27.1	26.1
49	32.8	46.2	38.3	35.3	32.3	28.8	27.7	30.2	31.1	32.5	31.3	30.9	29.2
48	33.4	47.1	40.5	37.2	33.4	29.1	28.1	30.0	31.3	32.4	31.8	33.0	27.6

*Data are provisional.

1/Data refer to live births of Japanese Nationals in Japan. Rates are per 1,000 population, per annum, estimated as of 1 July each year.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.
 Sources of original live birth data: 1948 and 1949, Final Annual Schedule Reports, Ministry of Welfare.
 1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 6. -
1/ LIVE BIRTHS AND LIVE BIRTH RATES BY PREFECTURE, JAPAN 1948 - 1950
(Rates per 1,000 population)

Area	Number			Rate		
	*1950	1949	1948	*1950	1949	1948
All Japan	2,356,765	2,696,638	2,681,624	28.1	32.8	33.4
Aichi	87,857	106,494	110,406	25.7	32.0	34.2
Akita	42,908	47,460	43,747	32.5	36.4	34.1
Aomori	46,314	51,475	46,805	35.8	40.9	38.4
Chiba	58,275	67,565	66,822	27.0	31.4	31.2
Ehime	45,769	52,670	53,126	29.9	34.9	35.9
Fukui	21,449	24,792	26,088	28.3	33.2	35.6
Fukuoka	109,875	123,952	118,034	30.9	36.0	35.6
Fukushima	68,535	73,051	71,170	33.0	35.5	35.1
Gifu	41,973	49,838	53,066	27.0	32.3	34.8
Gumma	45,335	52,006	52,005	28.1	32.2	32.3
Hiroshima	53,219	62,717	61,979	25.4	30.2	30.3
Hokkaido	148,336	164,640	153,210	34.3	39.4	38.1
Iyogo	82,182	98,995	102,170	24.7	30.4	32.4
Ibaraki	60,790	66,251	66,598	29.6	32.2	32.6
Ishikawa	26,369	32,131	34,339	27.3	33.6	36.5
Iwate	45,950	49,495	47,135	33.9	37.3	36.4
Kagawa	24,795	30,903	33,659	26.0	32.7	36.0
Kagoshima	55,781	64,016	62,719	30.7	35.6	35.5
Kanagawa	65,835	74,597	72,569	26.3	30.9	31.3
Kochi	23,223	26,375	27,222	26.4	30.1	31.4
Kumamoto	55,982	62,911	60,456	30.4	34.6	33.8
Kyoto	41,386	52,248	54,287	22.4	28.7	30.4
Mie	37,557	43,379	47,211	25.5	29.6	32.5
Miyagi	53,550	57,052	56,242	32.0	34.8	35.2
Miyazaki	35,548	40,143	40,909	32.3	37.2	38.9
Nagano	50,768	58,887	60,114	24.5	28.3	28.9
Nagasaki	54,796	61,145	57,451	33.1	37.9	36.7
Nara	18,767	21,651	23,339	24.4	27.9	30.0
Niigata	73,053	84,178	82,060	29.5	34.2	33.7
Oita	37,110	42,200	43,583	29.4	33.6	35.0
Okayama	40,771	49,831	52,375	24.4	29.9	31.7
Osaka	95,182	109,780	109,849	24.5	29.6	31.3
Saga	30,458	34,161	32,777	32.0	36.2	35.2
Saitama	63,085	71,423	70,261	29.2	33.2	33.0
Shiga	21,779	25,662	27,332	25.1	29.4	31.3
Shimane	25,961	29,571	30,363	28.2	32.4	33.6
Shizuoka	70,868	81,037	83,060	28.5	33.0	34.5
Tochigi	47,508	53,273	53,677	30.4	34.1	34.5
Tokushima	25,605	29,623	32,003	28.9	33.7	36.8
Tokyo	148,007	167,697	161,476	23.4	28.5	29.8
Tottori	16,255	18,721	19,876	26.9	31.2	33.5
Toysma	28,179	34,258	35,777	27.7	33.9	35.8
Wakeyama	23,985	28,875	29,695	24.2	29.3	30.3
Yamagata	41,087	44,112	42,059	30.1	32.4	31.2
Yamaguchi	43,055	50,308	47,707	27.7	32.8	31.7
Yamanashi	21,693	25,089	24,816	26.5	30.7	30.4

See footnotes at end of table.

TABLE 6. -

1/ LIVE BIRTHS AND LIVE BIRTH RATES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd
(Rates per 1,000 population)

Footnotes:

* Data are provisional.

1/ Data refer to live birth of Japanese nationals in Japan. Rates are per 1,000 population estimated as of 1 July each year.

Sources:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.
Sources of original birth data:

1948-1949, Final Annual Schedule Reports, Ministry of Welfare.
1950, Monthly Vital Statistics Schedule Reports, Ministry
of Welfare.

TABLE 7. - 1/DEATHS AND DEATH RATES BY MONTH: JAPAN, 1949-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<u>NUMBER</u>													
*1950	908,782	91,526	81,742	89,367	71,635	69,296	66,346	72,018	73,820	66,983	67,200	68,124	90,725
49	945,444	86,133	77,276	89,553	83,699	78,121	74,047	79,090	77,578	73,223	71,822	72,918	81,983
<u>RATES (per 1,000 population per annum)</u>													
*1950	10.8	12.9	12.7	12.6	10.4	9.7	9.6	10.1	10.4	9.7	9.4	9.9	12.7
49	11.5	12.3	12.3	12.8	12.4	11.2	11.0	11.3	11.1	10.8	10.3	10.8	11.7

* Data are provisional.

1/Data refer to deaths of Japanese Nationals in Japan. Rates are per 1,000 population, per annum, estimated as of 1 July each year.SOURCES:

Rates were computed by Public Health and Welfare Section, CHC, SCAP.

Sources of original death data: 1949, Final Annual Schedule Report, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 8. -
1/ DEATHS AND DEATH RATES BY PREFECTURE: JAPAN, 1949 - 1950
(Rates per 1,000 population)

Area	Number		Rate	
	*1950	1949	*1950	1949
All Japan	908,782	945,444	10.8	11.5
Aichi	34,643	36,290	10.1	10.9
Akita	15,981	17,210	12.1	13.2
Aomori	16,792	16,770	13.0	13.3
Chiba	26,330	25,928	12.2	12.0
Ehime	16,793	17,581	11.0	11.6
Fukui	9,450	9,891	12.5	13.2
Fukuoka	37,292	39,651	10.5	11.5
Fukushima	23,712	23,747	11.4	11.5
Gifu	17,319	18,490	11.1	12.0
Gumma	17,469	18,380	10.8	11.4
Hiroshima	22,516	23,372	10.7	11.3
Hokkaido	42,995	48,066	9.9	11.5
Hyogo	33,457	34,416	10.0	10.6
Ibaraki	24,831	24,797	12.1	12.1
Ishikawa	12,719	12,979	13.2	13.6
Iwate	17,567	18,322	12.9	13.8
Kagawa	11,012	11,224	11.6	11.9
Kagoshima	21,318	21,294	11.7	11.9
Kanagawa	22,251	22,827	8.9	9.4
Kochi	10,507	10,514	11.9	12.0
Kumamoto	21,059	21,320	11.4	11.7
Kyoto	18,028	19,638	9.8	10.8
Mie	16,242	17,490	11.0	11.9
Miyagi	17,615	18,108	10.5	11.0
Miyazaki	12,604	12,874	11.5	11.9
Nagano	21,513	22,749	10.4	10.9
Nagasaki	19,543	19,605	11.8	12.1
Nara	8,603	9,549	11.2	12.3
Niigata	29,102	31,409	11.7	12.8
Oita	16,019	17,022	12.7	13.5
Okayama	18,871	19,513	11.3	11.7
Osaka	36,331	38,497	9.3	10.4
Saga	11,399	12,249	12.0	13.0
Saitama	26,105	25,610	12.1	11.9
Shiga	10,088	11,190	11.6	12.8
Shimane	11,714	11,952	12.7	13.1
Shizuoka	24,744	25,310	9.9	10.3
Tochigi	18,502	17,805	11.8	11.4
Tokushima	11,713	11,043	13.2	12.6
Tokyo	52,801	55,322	8.4	9.1
Tottori	6,715	7,328	11.1	12.2
Toyama	12,784	14,245	12.6	14.1
Wakayama	10,542	11,092	10.7	11.2
Yamagata	15,522	17,628	11.4	13.0
Yamaguchi	17,278	18,329	11.1	12.0
Yamanashi	8,411	8,818	10.3	10.8

See footnotes at end of table

TABLE 8. -
1/ DEATHS AND DEATH RATES BY PREFECTURE: JAPAN, 1949 - 1950 Cont'd
(Rates per 1,000 population)

Footnotes:

* Data are provisional.

1/ Data refer to deaths of Japanese national in Japan. Rates are per 1,000 population estimated as of 1 July each year.

Sources:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.
Sources of original death data:

1949, Final Annual Schedule Report, Ministry of Welfare.
1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2/Tuberculosis, All Forms (001-019)													
Number													
*1950	122,099	10,681	10,072	11,682	11,232	11,538	10,454	10,508	10,046	9,295	9,163	8,434	8,994
1949	138,113	11,071	10,035	12,184	12,463	12,935	12,230	12,025	11,798	11,459	11,202	10,494	10,217
Rate													
*1950	145.7	150.1	156.7	164.1	163.1	162.1	151.8	147.6	141.1	135.0	128.7	122.5	126.4
1949	168.0	158.6	159.1	174.5	184.5	185.3	181.0	172.2	169.0	169.6	160.5	155.3	146.3
3/Syphilis and its Sequelae (020-029)													
Number													
*1950	5,188	578	507	543	398	413	351	316	363	351	427	437	504
**1949	5,501	519	468	519	468	398	390	404	393	400	478	516	548
Rate													
*1950	6.2	8.1	7.9	7.6	5.8	5.8	5.1	4.4	5.1	5.1	6.0	6.3	7.1
**1949	6.7	7.4	7.4	7.4	6.9	5.7	5.8	5.8	5.6	5.9	6.8	7.6	7.8
Typhoid Fever (040)													
Number													
*1950	648	50	41	37	50	60	69	85	101	66	34	29	26
1949	936	56	55	60	54	65	80	95	145	120	86	57	63
Rate													
*1950	0.8	0.7	0.6	0.5	0.7	0.8	1.0	1.2	1.4	1.0	0.5	0.4	0.4
1949	1.1	0.8	0.9	0.9	0.8	0.9	1.2	1.4	2.1	1.8	1.2	0.8	0.9
Paratyphoid Fever (041)													
Number													
*1950	80	5	2	3	6	13	9	11	14	10	2	4	1
1949	116	8	4	13	3	4	10	17	14	18	11	9	5
Rate													
*1950	0.1	0.1	0.0	0.0	0.1	0.2	0.1	0.2	0.2	0.1	0.0	0.1	0.0
1949	0.1	0.1	0.1	0.2	0.0	0.1	0.1	0.2	0.2	0.3	0.2	0.1	0.1

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Dysentery, All Forms (045-048)													
Number													
*1950	12,020	82	115	108	159	493	1,317	2,874	3,391	2,047	910	361	163
1949	7,765	55	52	61	108	222	529	1,821	2,415	1,612	566	199	125
Rate													
*1950	14.3	1.2	1.8	1.5	2.3	6.9	19.1	40.4	47.6	29.7	12.8	5.2	2.3
1949	9.4	0.8	0.8	0.9	1.6	3.2	7.8	26.1	34.6	23.9	8.1	2.9	1.8
Scarlet Fever (050)													
Number													
*1950	32	2	-	1	3	2	3	5	6	4	1	4	1
1949	58	10	5	1	7	5	6	3	5	2	3	7	4
Rate													
*1950	0.0	0.0	-	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.0	0.1	0.0
1949	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.1	0.1
Diphtheria (055)													
Number													
*1950	1,199	175	167	147	73	65	43	25	33	51	107	140	173
1949	1,635	241	191	186	164	111	75	81	45	60	106	175	200
Rate													
*1950	1.4	2.5	2.6	2.1	1.1	0.9	0.6	0.4	0.5	0.7	1.5	2.0	2.4
1949	2.0	3.5	3.0	2.7	2.4	1.6	1.1	1.2	0.6	0.9	1.5	2.6	2.9
Whooping Cough (056)													
Number													
*1950	8,459	1,090	1,126	964	693	680	743	818	766	521	290	295	473
1949	9,105	564	540	528	580	726	924	1,073	1,179	919	588	592	892
Rate													
*1950	10.1	15.3	17.5	13.5	10.1	9.6	10.8	11.5	10.8	7.6	4.1	4.3	6.6
1949	11.1	8.1	8.6	7.6	8.6	10.4	13.7	15.4	16.9	13.6	8.4	8.8	12.8

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Meningococcal Infections (057)													
Number													
*1950	368	25	21	33	34	23	28	32	80	27	23	25	17
1949	492	34	32	56	46	31	51	31	47	78	40	23	23
Rate													
*1950	0.4	0.4	0.3	0.5	0.5	0.3	0.4	0.4	1.1	0.4	0.3	0.4	0.2
1949	0.6	0.5	0.5	0.8	0.7	0.4	0.8	0.4	0.7	1.2	0.6	0.3	0.3
Leprosy (060)													
Number													
*1950	87	8	9	4	7	10	7	7	6	8	11	5	5
1949	171	18	16	13	18	15	14	13	5	9	17	18	15
Rate													
*1950	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.1	0.1
1949	0.2	0.3	0.3	0.2	0.3	0.2	0.2	0.2	0.1	0.1	0.2	0.3	0.2
Tetanus (061)													
Number													
*1950	1,550	110	99	102	109	148	147	138	177	170	135	109	116
1949	1,958	125	136	139	154	160	175	189	215	217	174	140	134
Rate													
*1950	1.8	1.4	1.5	1.4	1.6	2.1	2.1	1.9	2.5	2.5	1.9	1.6	1.6
1949	2.4	1.8	2.2	2.0	2.3	2.3	2.6	2.7	3.1	3.2	2.5	2.1	1.9
Glanders (064.2)													
Number													
*1950	-	-	-	-	-	-	-	-	-	-	-	-	-
1949	1	-	-	-	-	1	-	-	-	-	-	-	-
Rate													
*1950	-	-	-	-	-	-	-	-	-	-	-	-	-
1949	0.0	-	-	-	-	0.0	-	-	-	-	-	-	-

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Acute Poliomyelitis, Including Late Effects (080-001)													
Number													
*1950	810	58	67	66	58	61	68	72	113	76	57	49	65
1949	1,074	89	72	77	78	78	96	111	80	120	113	78	82
Rate													
*1950	1.0	0.8	1.0	0.9	0.8	0.9	1.0	1.0	1.6	1.1	0.8	0.7	0.9
1949	1.3	1.3	1.1	1.1	1.2	1.1	1.4	1.6	1.1	1.8	1.6	1.2	1.2
4/Japanese "B" Encephalitis (082a)													
Number													
*1950	2,440	6	3	1	3	2	5	32	1,618	653	85	26	6
1949	1,177	4	6	6	2	5	13	23	155	770	169	21	3
Rate													
*1950	2.9	0.1	0.0	0.0	0.0	0.0	0.1	0.4	22.7	9.5	1.2	0.4	0.1
1949	1.4	0.1	0.1	0.1	0.0	0.1	0.2	0.3	2.2	11.4	2.4	0.3	0.0
Smallpox (084)													
Number													
*1950	8	-	1	-	4	1	1	-	-	-	-	1	-
1949	14	-	1	2	4	2	4	-	1	-	-	-	-
Rate													
*1950	0.0	-	0.0	-	0.1	0.0	0.0	-	-	-	-	0.0	-
1949	0.0	-	0.0	0.0	0.1	0.0	0.1	-	0.0	-	-	-	-
Measles (085)													
Number													
*1950	3,775	318	317	535	503	598	554	349	150	64	61	119	207
1949	12,389	574	686	1,397	1,782	2,739	2,189	1,430	672	251	167	230	272
Rate													
*1950	4.5	4.5	4.9	7.5	7.3	8.4	8.0	4.9	2.1	0.9	0.9	1.7	2.9
1949	15.1	8.2	10.9	20.0	26.4	39.2	32.4	20.5	9.6	3.7	2.4	3.4	3.9

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number													
*1950	60	4	4	2	9	7	5	5	9	6	2	2	5
1949	79	2	5	2	8	6	5	6	12	10	10	7	6
Rate													
*1950	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.1
1949	0.1	0.0	0.1	0.0	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
Typhus and Other Rickettsial Diseases (100-108)													
Number													
*1950	103	7	24	24	4	6	7	11	9	2	1	3	5
1949	64	5	9	7	5	6	9	1	9	5	3	4	1
Rate													
*1950	0.1	0.1	0.4	0.3	0.1	0.1	0.1	0.2	0.1	0.0	0.0	0.0	0.1
1949	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.0
Malaria (110-117)													
Number													
*1950	68	6	4	3	3	4	10	3	10	10	6	7	2
1949	120	14	8	19	6	9	8	10	8	18	7	8	5
Rate													
*1950	0.1	0.1	0.1	0.0	0.0	0.1	0.1	0.0	0.1	0.1	0.1	0.1	0.0
1949	0.1	0.2	0.1	0.3	0.1	0.1	0.1	0.1	0.1	0.3	0.1	0.1	0.1
Pulmonary (S Japonicum) Schistosomiasis (123.2)													
Number													
*1950	75	9	1	1	2	8	8	7	8	6	8	7	10
1949	48	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Rate													
*1950	0.1	0.1	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
1949	0.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
					Filariasis (127)								
Number													
*1950	59	4	4	3	-	5	-	5	7	6	8	7	10
1949	67	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Rate													
*1950	0.1	0.1	0.1	0.0	-	0.1	-	0.1	0.1	0.1	0.1	0.1	0.1
1949	0.1	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
					Malignant Neoplasms (140-200, 202, 203, 205)								
Number													
*1950	61,783	4,813	4,511	4,947	4,691	5,071	5,074	5,517	5,429	5,314	5,642	5,251	5,523
1949	58,769	4,719	4,258	4,721	4,637	4,892	4,836	5,131	5,294	5,150	5,121	4,876	5,134
Rate													
*1950	73.7	67.6	70.2	69.5	68.1	71.2	73.7	77.5	76.3	77.2	79.3	76.2	77.6
1949	71.5	67.6	67.5	67.6	68.6	70.1	71.6	73.5	75.8	76.2	73.4	72.2	73.5
					5/Diabetes Mellitus (260)								
Number													
*1950	2,027	227	186	224	155	154	129	151	126	133	131	167	244
1949	1,876	199	180	190	183	149	130	143	120	135	148	138	161
Rate													
*1950	2.4	3.2	2.9	3.1	2.3	2.2	1.9	2.1	1.8	1.9	1.8	2.4	3.4
1949	2.3	2.9	2.9	2.7	2.7	2.1	1.9	2.0	1.7	2.0	2.1	2.0	2.3
					Beriberi (280)								
Number													
*1950	3,952	524	424	457	337	296	300	286	232	202	257	312	325
1949	5,562	593	539	597	552	469	406	375	404	364	373	394	456
Rate													
*1950	4.7	7.4	6.6	6.4	4.9	4.2	4.4	4.0	3.3	2.9	3.6	4.5	4.6
1949	6.8	8.5	8.5	8.6	8.2	6.7	6.0	5.4	5.8	5.4	5.3	5.8	7.1

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Vascular Lesions Affecting The Central Nervous System (330-334, 352a)													
Number													
*1950	106,011	10,706	9,591	10,712	8,392	7,796	7,383	7,082	7,661	7,888	8,577	8,880	11,343
1949	100,278	9,502	8,392	9,770	8,974	7,912	7,338	7,122	6,707	7,686	8,488	8,726	9,661
Rate													
*1950	126.5	150.4	149.2	150.5	121.8	109.5	107.2	99.5	107.6	114.5	120.5	128.9	159.4
1949	122.0	136.1	133.1	139.9	122.8	113.3	108.6	102.0	96.1	113.8	121.6	129.2	138.4
<u>6</u> /Meningitis Except Meningococcal and Tuberculous (340)													
Number													
*1950	6,788	687	638	658	570	606	551	557	677	496	432	445	471
*1949	8,990	757	697	859	907	877	749	750	761	743	637	607	646
Rate													
*1950	8.1	9.7	9.9	9.2	8.3	8.5	8.0	7.8	9.5	7.2	6.1	6.5	6.6
*1949	10.9	10.8	11.1	12.3	13.4	12.6	11.1	10.7	10.9	11.0	9.1	9.0	9.3
<u>7</u> /Heart Diseases (410-442, 782.0-782.2)													
Number													
*1950	51,844	5,357	4,701	5,296	4,227	4,011	3,681	3,622	3,309	3,388	3,825	4,199	6,228
1949	52,763	5,071	4,588	5,260	4,861	4,179	3,950	3,861	3,668	3,645	4,231	4,396	5,053
Rate													
*1950	61.9	75.3	73.1	74.4	61.4	56.4	53.4	50.9	46.5	49.2	53.7	61.0	87.5
1949	64.2	72.6	72.8	75.3	71.9	59.9	58.5	55.3	52.5	54.0	60.6	65.1	72.4
<u>8</u> /Influenza (480-483)													
Number													
*1950	1,287	133	113	166	84	28	22	10	14	17	10	95	550
1949	524	64	84	60	54	56	28	16	17	19	18	33	75
Rate													
*1950	1.5	1.9	2.5	2.3	1.2	0.4	0.3	0.1	0.2	0.2	0.1	1.4	7.7
1949	0.6	0.9	1.3	0.9	0.8	0.8	0.4	0.2	0.2	0.3	0.3	0.5	1.1

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Pneumonia, Including Pneumonia of the Newborn (490-493,763)													
Number													
*1950	54,678	8,511	7,281	7,748	4,652	3,518	2,776	2,321	1,900	2,001	2,619	3,723	7,628
1949	56,213	7,427	6,750	7,222	6,330	4,884	3,444	2,808	2,024	2,207	2,672	4,034	6,411
Rate													
*1950	65.2	119.6	113.3	108.9	67.5	49.4	40.3	32.6	26.7	29.1	36.8	54.1	107.2
1949	68.4	106.4	107.0	103.4	93.7	70.0	51.0	40.2	29.0	32.7	38.3	59.7	91.8
Bronchitis and Bronchiectasis (500-502,526)													
Number													
*1950	23,775	3,441	3,159	3,405	2,094	1,609	1,221	992	860	944	1,184	1,530	3,336
1949	25,599	3,108	3,050	3,376	2,834	2,119	1,702	1,374	1,121	1,146	1,473	1,722	2,574
Rate													
*1950	28.4	48.3	45.1	47.8	30.4	22.6	17.7	13.9	12.1	13.7	16.6	22.2	46.9
1949	31.1	44.5	48.4	48.4	41.9	30.4	25.2	19.7	16.1	17.0	21.1	25.5	36.9
2/Emphysema and Pleurisy (518-519)													
Number													
*1950	3,031	344	260	273	278	284	250	251	246	213	199	196	235
**1949	6,013	514	502	610	546	535	516	538	504	460	468	421	399
Rate													
*1950	3.6	4.8	4.0	3.8	4.0	4.0	3.6	3.5	3.5	3.1	2.8	2.8	3.3
**1949	7.3	7.4	8.0	8.7	8.1	7.7	7.6	7.7	7.2	6.8	6.7	6.2	5.7
Ulcer of Stomach and Duodenum (540-542)													
Number													
*1950	25,475	1,995	1,730	1,979	1,648	1,590	1,500	1,398	1,390	1,429	1,839	1,832	2,156
1949	19,409	1,318	1,506	1,302	1,675	1,415	1,471	1,450	1,344	1,340	1,606	1,748	1,510
Rate													
*1950	24.5	28.0	26.9	27.8	23.9	22.5	21.8	19.6	19.5	20.7	25.8	26.6	30.3
1949	23.6	26.0	25.2	26.1	24.9	23.1	21.8	21.1	19.3	19.8	23.0	25.9	27.4

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Appendicitis (550-553)													
Number	3,017	245	214	240	223	236	246	317	355	287	231	217	206
*1950	3,298	279	247	290	285	284	250	337	346	298	239	229	214
Rate	3.6	3.4	3.3	3.4	3.2	3.3	3.6	4.5	5.0	4.2	3.2	3.2	2.9
*1950	4.0	4.0	3.9	4.2	4.2	4.1	3.7	4.8	5.0	4.4	3.4	3.4	3.1
10/Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (All Ages) (571, 572, 578a, 578b, 764, 785.6)													
Number	63,618	4,509	3,973	4,595	4,028	4,600	5,600	7,629	7,981	6,389	5,092	4,447	4,775
*1950	71,546	4,746	3,976	4,688	4,801	5,316	6,712	9,239	9,556	7,350	5,311	5,026	4,825
Rate	75.9	63.4	61.8	64.6	58.5	64.6	81.3	107.2	112.1	92.8	71.5	64.6	67.1
*1950	87.0	68.0	63.1	67.2	71.1	76.1	99.3	132.3	136.9	108.8	76.1	74.4	69.1
10/Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (Under 2 Years) (571, 572, 578a, 764)													
Number	29,328	2,260	1,915	2,126	1,875	2,309	2,918	3,961	3,450	2,293	1,892	2,001	2,328
*1950	41,634	2,827	2,281	2,678	2,815	3,243	4,393	5,642	5,360	3,713	2,619	3,058	3,005
Rate	35.0	31.8	29.8	29.9	27.2	32.4	42.4	55.7	48.5	33.3	26.6	29.1	32.7
*1950	50.6	40.5	36.2	38.4	41.7	46.5	65.0	80.8	76.8	55.0	37.5	45.3	43.0
10/Enteritis and Colitis, Ulceration of the Intestines and Diarrhea (2 Years and Over) (571, 572, 578b, 785.6)													
Number	34,290	2,249	2,058	2,469	2,153	2,291	2,682	3,668	4,531	4,096	3,200	2,446	2,447
*1950	29,912	1,919	1,695	2,010	1,986	2,073	2,319	3,597	4,196	3,637	2,692	1,968	1,820
Rate	40.9	31.6	32.0	34.7	31.3	32.2	38.9	51.5	63.7	59.5	45.0	35.5	34.4
*1950	36.4	27.5	26.9	28.8	29.4	29.7	34.3	51.5	60.1	53.8	38.6	29.1	26.1

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
11/Nephritis and Nephrosis (590-594, 446, 789.0, 789.1, 792)													
Number													
*1950	35,989	3,612	3,251	3,578	2,749	2,685	2,481	2,587	2,512	2,632	3,068	3,074	3,760
1949	33,707	3,258	2,896	3,325	2,935	2,563	2,400	2,477	2,433	2,568	2,883	2,922	3,047
Rate													
*1950	42.9	50.7	50.6	50.3	39.9	37.7	36.0	36.3	35.3	38.2	43.1	44.6	52.8
1949	41.0	46.7	45.9	47.6	43.4	36.7	35.5	35.5	34.8	38.0	41.3	43.2	43.6
Deliveries and Complications of Pregnancy, Childbirth and the Puerperium (640-689)													
Number													
*1950	4,039	373	376	369	294	322	294	306	379	349	300	319	358
1949	4,601	441	375	415	417	354	337	359	434	377	381	347	364
Rate													
*1950	4.8	5.2	5.8	5.2	4.3	4.5	4.3	4.3	5.3	5.1	4.2	4.6	5.0
1949	5.6	6.3	5.9	5.9	6.2	5.1	5.0	5.1	6.2	5.6	5.5	5.1	5.2
Congenital Malformations (750-759)													
Number													
*1950	6,555	640	599	609	552	535	452	481	480	485	524	577	621
1949	6,641	671	601	699	570	491	453	463	420	492	530	601	650
Rate													
*1950	7.8	9.0	9.3	8.6	8.0	7.5	6.6	6.8	6.7	7.0	7.4	8.4	8.7
1949	8.1	9.6	9.5	10.0	8.4	7.0	6.7	6.6	6.0	7.3	7.6	8.9	9.3
Birth Injuries (760-761)													
Number													
*1950	1,302	95	100	97	101	90	112	122	141	121	114	89	120
**1949	1,165	96	98	99	103	81	92	102	97	98	109	91	99
Rate													
*1950	1.6	1.3	1.6	1.4	1.5	1.3	1.6	1.7	2.0	1.8	1.6	1.3	1.7
**1949	1.4	1.4	1.6	1.4	1.5	1.2	1.4	1.5	1.4	1.5	1.6	1.3	1.4

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JUNE, 1944-1950, Continued
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Premature Birth (12/ Code Nos.)													
Number													
*1950	21,087	2,258	2,263	2,190	1,687	1,526	1,392	1,430	1,335	1,334	1,572	1,774	2,346
1949	13,744	1,500	1,281	1,364	1,142	1,025	986	1,019	1,004	980	958	1,117	1,363
Rate													
*1950	25.2	31.7	35.2	30.8	24.5	21.4	19.9	20.1	18.8	19.4	22.1	25.8	33.0
1949	16.7	21.5	20.3	19.5	16.9	14.7	14.6	14.6	14.4	14.5	13.7	16.5	19.6
Congenital Debility (772.0, 773a)													
Number													
*1950	25,096	3,741	3,167	3,052	1,917	1,591	1,419	1,576	1,416	1,309	1,493	1,731	2,684
1949	36,915	4,804	3,967	4,588	3,359	2,489	2,200	2,391	2,155	1,979	2,282	2,983	3,718
Rate													
*1950	29.9	52.6	49.3	42.9	27.8	22.4	20.6	22.1	19.9	19.0	21.0	25.1	37.7
1949	44.9	68.8	62.9	65.7	49.7	35.7	32.6	34.2	30.9	29.3	32.7	44.2	53.3
Ill-Defined Conditions, Sudden Death, Foudr Dead, Unknown and Unspecified Causes (13/Code Nos.)													
Number													
*1950	15,778	1,971	1,588	1,576	1,287	1,266	1,117	1,077	1,062	995	1,089	1,106	1,704
1949	16,413	1,599	1,450	1,676	1,512	1,301	1,267	1,242	1,216	1,070	1,220	1,327	1,532
Rate													
*1950	18.8	27.7	24.7	22.1	18.7	16.9	16.2	15.1	14.9	14.4	15.3	16.1	23.9
1949	20.0	22.9	23.0	24.0	22.4	18.6	18.8	17.8	17.4	15.8	17.5	19.6	21.9
Senility and Senile Psychosis (794, 304)													
Number													
*1950	59,581	7,803	6,104	6,264	4,173	3,509	3,221	3,560	3,747	3,777	4,436	5,081	7,906
1949	66,191	6,565	5,862	6,731	5,893	4,709	4,220	4,553	4,724	4,842	5,517	5,795	6,780
Rate													
*1950	71.1	109.6	95.0	88.0	60.6	49.3	46.8	50.0	52.6	54.8	62.3	73.8	111.1
1949	80.5	94.0	93.0	96.4	87.2	67.5	62.5	65.2	67.7	71.7	79.0	85.8	97.1

TABLE 9. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
		Accidents and Poisonings (E800-E962)											
Number													
*1950	33,240	2,179	2,066	2,393	2,400	2,809	2,784	4,239	4,309	3,192	2,323	2,166	2,380
1949	34,259	2,267	2,012	2,496	2,520	2,804	3,180	4,249	4,417	3,134	2,494	2,216	2,470
Rate													
*1950	39.7	30.6	32.1	33.6	34.8	39.5	40.4	59.6	60.5	46.3	32.6	31.4	33.4
1949	41.7	32.5	31.9	35.8	37.3	40.2	47.1	60.9	63.3	46.4	35.7	32.8	35.4
		Suicide and Self-Inflicted Injury (E963, E970-E979)											
Number													
*1950	16,334	1,243	1,220	1,540	1,724	1,715	1,481	1,516	1,345	1,244	1,197	1,069	1,040
1949	14,201	840	857	1,129	1,332	1,595	1,265	1,401	1,293	1,173	1,119	1,081	1,116
Rate													
*1950	19.5	17.5	19.0	21.6	25.0	24.1	21.5	21.3	18.9	18.1	16.8	15.5	14.6
1949	17.3	12.0	13.6	16.2	19.7	22.8	18.7	20.1	18.5	17.4	16.0	16.0	16.0
		Homicide and Injury Purposely Inflicted by Another Person (Not In War) (E964, E980-E984)											
Number													
*1950	1,853	135	143	157	202	181	141	188	181	133	146	114	132
1949	1,718	118	124	149	135	150	117	142	171	174	138	146	154
Rate													
*1950	2.2	1.9	2.2	2.2	2.9	2.5	2.0	2.6	2.5	1.9	2.1	1.7	1.9
1949	2.1	1.7	2.0	2.1	2.0	2.1	1.7	2.0	2.4	2.6	2.0	2.2	2.2

Footnotes:

* Data are provisional.

** The 1949 monthly death data for syphilis and its sequelae (020-029), meningitis except meningococcal and tuberculous (340), empyema and pleurisy (518-519), and birth injuries (760-761) are estimates based on preliminary figures. The annual totals are final.

1/ Data refer to deaths of Japanese Nationals in Japan. Rates are the number of deaths per 100,000 population, per annum, estimated as of 1 July each year. (See population, Table 1.)

TABLE 9. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1949-1950, Cont'd
(Rates per 100,000 population per annum)

Footnotes: (Cont'd)

- 2/Tuberculosis, all forms. 1949: excludes pleurisy with effusion without mention of cause, includes spondylitis. 1950: includes pleurisy with effusion without mention of cause, excludes spondylitis.
- 3/Syphilis and its sequelae. 1949: includes paresis not otherwise specified. 1950: excludes paresis not otherwise specified.
- 4/Japanese "B" encephalitis. 1949: includes late effects. 1950: excludes late effects.
- 5/Diabetes mellitus. 1949: includes bronzed diabetes and renal diabetes. 1950: excludes bronzed diabetes and renal diabetes.
- 6/Meningitis except meningococcal and tuberculous. 1949: includes deaths specified as late effects or sequelae, excludes influenza meningitis. 1950: excludes deaths specified as late effects or sequelae, includes influenzal meningitis.
- 7/Heart diseases. 1949: includes all acute pericarditis not specified as rheumatic, excludes hypertensive heart disease with arteriolar nephrosclerosis, rheumatic endocarditis under 45 years, and rheumatic myocarditis at 45 years, and over. 1950: excludes acute pericarditis unless specified as non-rheumatic, includes hypertensive heart disease with arteriolar nephrosclerosis, rheumatic endocarditis (all ages), and rheumatic myocarditis (all ages).
- 8/Influenza. 1949: includes influenzal meningitis. 1950: excludes influenzal meningitis.
- 9/Empyema and pleurisy. 1949: includes pleurisy with effusion without mention of cause. 1950: excludes pleurisy with effusion without mention of cause.
- 10/Enteritis and colitis, ulceration of the intestines and diarrhea. 1949: includes mucous colitis, duodenitis, and gastro-duodenitis. 1950: excludes mucous colitis, duodenitis and gastroduodenitis.
- 11/Nephritis and nephrosis. 1949: includes all arteriolar nephrosclerosis and all albuminuria, excludes nephrosis not a complication of nephritis. 1950: excludes hypertensive heart disease with arteriolar nephrosclerosis and albuminuria under 1 year of age, includes all nephrosis.
- 12/Premature birth includes International Code Numbers: 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776.
- 13/111-defined conditions, sudden death, found dead, unknown and unspecified causes includes International Code Numbers: 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3-784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795, 795.1-795.5.
"NA" indicates data are not available.
A dash (-) indicates that no deaths were reported.
A rate of 0.0 indicates that there were some deaths but that the rate was less than 0.05.
There were no deaths during 1949-1950 from cholera, plague, anthrax, or yellow fever.

Sources:

Rates were computed by Public Health and Welfare Section, CHQ, SCAP. Sources of original death data: 1949, Final Annual Schedule Report, Ministry of Welfare. 1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 10. -1/ DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, - 1949-1950 (Rates per 100,000 population)

Area	All Cases				2/ Tuberculosis, all forms (COL-019)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	908,782	945,444	1084.5	1150.2	122,099	138,113	145.7	168.0
Aichi	34,643	36,290	1014.4	1090.3	4,980	5,356	145.8	160.9
Akita	15,981	17,210	1212.1	1319.6	1,934	2,120	146.7	162.6
Aomori	16,792	16,770	1299.5	1332.9	2,579	2,700	199.6	214.6
Chiba	26,330	25,928	1222.0	1204.4	2,906	2,943	134.9	136.7
Ehime	16,793	17,581	1099.5	1163.9	1,921	2,264	125.3	149.9
Fukui	9,450	9,891	1247.0	1323.4	1,056	1,160	139.4	155.2
Fukuoka	37,292	39,651	1048.9	1152.0	5,795	6,798	163.0	197.5
Fukushima	23,712	23,747	1141.5	1154.6	2,665	2,979	128.3	144.8
Gifu	17,319	18,490	1113.3	1197.6	2,384	2,574	153.2	166.7
Gumma	17,469	18,380	1082.9	1138.2	1,824	2,003	113.1	124.0
Hiroshima	22,516	23,372	1073.7	1125.6	2,885	3,326	137.6	160.2
Hokkaido	42,995	48,066	993.8	1149.0	8,947	10,246	206.8	244.9
Hyogo	33,457	34,416	1003.7	1058.1	5,033	5,443	151.0	167.3
Ibaraki	24,831	24,797	1208.8	1207.1	2,106	2,313	102.5	112.6
Ishikawa	12,719	12,979	1319.1	1358.6	1,452	1,630	150.6	170.6
Iwate	17,567	18,322	1294.8	1379.1	2,311	2,729	170.3	205.4
Kagawa	11,012	11,224	1155.6	1186.7	1,166	1,403	122.4	148.3
Kagoshima	21,318	21,294	1173.1	1185.6	2,458	2,763	135.3	153.8
Kanagawa	22,251	22,827	888.0	944.4	3,671	4,222	146.5	174.7
Kochi	10,507	10,514	1193.7	1201.1	1,126	1,359	127.9	155.2
Kumamoto	21,059	21,320	1144.0	1172.9	2,432	2,704	132.1	148.8
Kyoto	18,028	19,638	976.4	1079.1	3,152	3,901	170.7	214.4
Mie	16,242	17,490	1103.5	1193.9	1,854	2,243	126.0	153.1
Miyagi	17,615	18,108	1051.5	1104.4	2,318	2,673	138.4	163.0
Miyazaki	12,604	12,874	1146.4	1193.8	1,551	1,802	141.1	167.1
Nagano	21,513	22,749	1036.4	1092.2	2,200	2,609	106.0	125.3
Nagasaki	19,543	19,605	1179.1	1213.8	2,649	2,703	159.8	167.3
Nara	8,603	9,549	1118.3	1230.7	908	1,218	118.0	157.0
Niigata	29,102	31,409	1174.0	1275.2	3,596	4,230	145.1	171.7
Oita	16,019	17,022	1269.2	1354.3	2,000	2,249	158.5	178.9
Okayama	18,871	19,513	1127.8	1171.5	2,178	2,419	130.2	145.2
Osaka	36,311	38,497	934.7	1038.1	6,779	7,223	174.5	194.8
Saga	11,399	12,249	1197.4	1297.7	1,358	1,634	142.6	173.1
Saitama	26,105	25,610	1207.5	1189.9	2,706	2,906	125.2	135.0
Shiga	10,088	11,190	1163.0	1283.0	1,130	1,355	130.3	155.4
Shimane	11,714	11,952	1274.4	1308.4	1,519	1,769	165.3	193.7
Shizuoka	24,744	25,310	994.0	1031.4	2,867	3,197	115.2	130.3
Tochigi	18,502	17,805	1184.7	1138.7	1,802	1,852	115.4	118.4
Tokushima	11,713	11,043	1324.0	1256.2	1,417	1,528	160.2	173.8
Tokyo	52,801	53,322	835.3	906.5	9,915	11,535	156.9	196.1
Tottori	6,715	7,328	1110.7	1221.1	802	1,008	132.6	168.0
Toyama	12,784	14,245	1258.1	1411.0	1,467	1,908	144.4	189.0
Wakayama	10,542	11,092	1065.6	1123.8	1,316	1,418	133.0	143.7
Yamagata	15,522	17,628	1135.4	1296.2	1,770	2,042	129.5	150.1
Yamaguchi	17,278	18,329	1113.2	1196.1	2,545	2,891	164.0	188.7
Yamanashi	8,411	8,818	1029.2	1077.6	669	765	81.9	93.5

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	3/Tuberculosis of the respiratory system (001-008)				4/Syphilis and its sequelae (020-029)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	101,665	115,554	121.6	140.6	5,188	5,501	6.2	6.7
Aichi	4,217	4,544	136.5	123.5	200	203	5.9	6.1
Akita	1,538	1,713	116.6	131.3	80	78	6.1	6.0
Aomori	2,048	2,218	158.5	176.3	65	80	5.0	6.4
Chiba	2,487	2,523	115.4	117.2	181	178	8.4	8.3
Ehime	1,643	1,923	107.2	127.3	60	71	3.9	4.7
Fukui	871	962	114.9	128.7	31	32	4.1	4.3
Fukuoka	4,948	5,832	139.2	169.4	277	332	7.8	9.6
Fukushima	2,093	2,360	100.8	114.7	116	119	5.6	5.8
Gifu	1,998	2,119	128.4	137.2	87	86	5.6	5.6
Gurama	1,493	1,657	92.6	102.6	96	113	6.0	7.0
Hiroshima	2,416	2,795	115.2	134.6	89	97	4.2	4.7
Hokkaido	7,064	8,205	163.3	196.1	310	327	7.2	7.8
Hyogo	4,225	4,488	126.7	138.0	163	181	4.9	5.6
Ibaraki	1,743	1,959	84.9	95.4	128	116	6.2	5.6
Ishikawa	1,202	1,332	124.7	139.4	51	55	5.3	5.8
Iwate	1,870	2,199	137.8	165.5	60	75	4.4	5.6
Kagawa	979	1,160	102.7	122.6	48	55	5.0	5.8
Kagoshima	2,105	2,416	115.8	134.5	170	139	9.4	7.7
Kanagawa	3,125	3,622	124.7	149.8	195	199	7.8	8.2
Kochi	960	1,201	109.1	137.2	61	57	6.9	6.5
Kumamoto	2,109	2,316	114.6	127.4	100	108	5.4	5.9
Kyoto	2,634	3,276	142.7	180.0	117	165	6.3	9.1
Mie	1,585	1,927	107.7	131.5	97	91	6.6	6.2
Miyagi	1,888	2,133	112.7	130.1	90	116	5.4	7.1
Miyazaki	1,332	1,589	121.2	147.3	83	85	7.5	7.9
Nagano	1,763	2,066	84.9	99.2	125	112	6.0	5.4
Nagasaki	2,231	2,283	134.6	141.3	150	146	9.0	9.0
Nara	737	1,003	95.8	129.3	67	62	8.7	8.0
Niigata	3,030	3,567	122.2	144.8	88	105	3.5	4.3
Oita	1,724	1,901	136.6	151.2	69	79	5.5	6.3
Okayama	1,851	2,023	110.6	121.5	72	86	4.3	5.2
Osaka	5,722	6,079	147.3	163.9	292	298	7.5	8.0
Saga	1,171	1,415	123.0	149.9	104	82	10.9	8.7
Saitama	2,234	2,421	103.3	112.5	112	124	5.2	5.8
Shiga	955	1,134	110.1	130.0	55	43	6.3	4.9
Shimane	1,279	1,520	139.1	166.4	47	61	5.1	6.7
Shizuoka	2,423	2,729	97.3	111.2	118	147	4.7	6.0
Tochigi	1,534	1,579	98.2	101.0	139	126	8.9	8.1
Tokushima	1,206	1,279	136.3	145.5	46	57	5.2	6.5
Tokyo	8,299	9,750	131.3	165.8	439	512	6.9	8.7
Tottori	656	833	108.5	138.8	33	34	5.5	5.7
Toyama	1,238	1,627	121.8	161.2	41	45	4.0	4.5
Wakayama	1,112	1,166	112.4	118.1	40	46	4.0	4.7
Yamagata	1,428	1,631	104.5	119.9	81	63	5.9	4.6
Yamaguchi	2,176	2,470	140.2	161.2	74	85	4.8	5.5
Yamanashi	523	609	64.0	74.4	41	30	5.0	3.7

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Typhoid fever (040)				Paratyphoid fever (041)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	648	836	0.8	1.1	80	116	0.1	0.1
Aichi	32	45	0.9	1.4	2	-	0.1	-
Akita	11	9	0.8	0.7	1	2	0.1	0.2
Aomori	12	21	0.9	1.7	2	4	0.2	0.3
Chiba	16	26	0.7	1.2	-	2	-	0.1
Ehime	3	6	0.2	0.4	1	-	0.1	-
Fukui	6	11	0.8	1.5	1	1	0.1	0.1
Fukuoka	8	23	0.2	0.7	1	2	0.0	0.1
Fukushima	11	18	0.5	0.9	1	6	0.0	0.3
Gifu	17	28	1.1	1.8	2	3	0.1	0.2
Gumma	7	9	0.4	0.6	4	2	0.2	0.1
Hiroshima	23	44	1.1	2.1	5	3	0.2	0.1
Hokkaido	22	30	0.5	0.7	10	3	0.2	0.1
Hyogo	33	51	1.0	1.6	3	1	0.1	0.0
Ibaraki	12	16	0.6	0.8	2	2	0.1	0.1
Ishikawa	6	8	0.6	0.8	1	2	0.1	0.2
Iwate	12	11	0.9	0.8	2	5	0.1	0.4
Kagawa	3	8	0.3	0.8	4	1	0.4	0.1
Kagoshima	3	4	0.2	0.2	-	-	-	-
Kanagawa	15	36	0.6	1.5	2	4	0.1	0.2
Kochi	14	21	1.6	2.4	-	2	-	0.2
Kumamoto	6	3	0.3	0.2	-	1	-	0.1
Kyoto	14	19	0.8	1.0	-	-	-	-
Mie	19	34	1.3	2.3	2	6	0.1	0.4
Miyagi	26	23	1.6	1.4	4	9	0.2	0.5
Miyazaki	4	3	0.4	0.3	1	-	0.1	-
Nagano	6	16	0.3	0.8	1	2	0.0	0.1
Nagasaki	10	9	0.6	0.6	-	1	-	0.1
Nara	8	21	1.0	2.7	1	-	0.1	-
Niigata	20	24	0.8	1.0	1	4	0.0	0.2
Oita	4	5	0.3	0.4	1	1	0.1	0.1
Okayama	31	42	1.9	2.5	-	2	-	0.1
Osaka	39	54	1.0	1.5	2	6	0.1	0.2
Saga	-	5	-	0.5	-	-	-	-
Saitama	25	29	1.2	1.3	4	5	0.2	0.2
Shiga	7	7	0.8	0.8	-	3	-	0.3
Shimane	5	8	0.5	0.9	-	1	-	0.1
Shizuoka	17	25	0.7	1.0	2	6	0.1	0.2
Tochigi	11	18	0.7	1.2	3	2	0.2	0.1
Tokushima	15	10	1.7	1.1	3	-	0.3	-
Tokyo	66	97	1.0	1.6	5	15	0.1	0.3
Tottori	1	4	0.2	0.7	1	-	0.2	-
Toyama	16	17	1.6	1.7	2	2	0.2	0.2
Wakayama	13	16	1.3	1.6	2	3	0.2	0.3
Yamagata	10	8	0.7	0.6	1	1	0.1	0.1
Yamaguchi	6	11	0.4	0.7	-	-	-	-
Yamanashi	3	3	0.4	0.4	-	1	-	0.1

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE;
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Dysentery, all forms (045-048)				Bacillary dysentery (045)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	12,020	7,765	14.3	9.4	11,974	7,709	14.3	9.4
Aichi	691	465	20.2	14.0	688	464	20.1	13.9
Akita	131	52	9.9	4.0	130	51	9.9	3.9
Aomori	69	49	5.3	3.9	68	48	5.3	3.8
Chiba	628	310	29.1	14.4	628	307	29.1	14.3
Ehime	171	98	11.2	6.5	169	98	11.0	6.5
Fukui	33	34	4.4	4.5	33	34	4.4	4.5
Fukuoka	300	144	8.4	4.2	298	142	8.4	4.1
Fukushima	531	213	25.6	10.4	531	213	25.6	10.4
Gifu	308	226	19.8	14.6	307	226	19.7	14.6
Gumma	624	404	38.7	25.0	624	404	38.7	25.0
Hiroshima	212	207	10.1	10.0	212	206	10.1	9.9
Hokkaido	171	97	4.0	2.3	169	96	3.9	2.3
Iyogo	251	148	7.5	4.6	248	145	7.4	4.5
Ibaraki	653	548	31.8	26.7	653	548	31.8	26.7
Ishikawa	76	50	7.9	5.2	76	50	7.9	5.2
Iwate	187	119	13.8	9.0	187	119	13.8	9.0
Kagawa	216	102	22.7	10.8	216	102	22.7	10.8
Kagoshima	156	97	8.6	5.4	156	98	8.6	5.2
Kanagawa	335	240	13.4	9.9	334	240	13.3	9.9
Kochi	99	56	11.2	6.4	98	56	11.1	6.4
Kumamoto	233	107	12.7	5.9	233	107	12.7	5.9
Kyoto	112	86	6.1	4.7	111	84	6.0	4.6
Mie	152	77	10.3	5.3	152	77	10.3	5.3
Miyagi	167	53	10.0	3.2	167	51	10.0	3.1
Miyazaki	140	136	12.7	12.6	139	133	12.6	12.3
Nagano	116	93	5.6	4.5	116	88	5.6	4.2
Nagasaki	96	84	5.8	5.2	96	83	5.8	5.1
Nara	17	25	2.2	3.2	17	24	2.2	3.1
Niigata	519	372	20.9	15.1	517	371	20.9	15.1
Oita	113	104	9.0	8.3	110	103	8.7	8.2
Okayama	134	124	8.0	7.4	134	123	8.0	7.4
Osaka	254	150	6.5	4.0	250	147	6.4	4.0
Saga	80	52	8.4	5.5	80	51	8.4	5.4
Saitama	1,226	573	56.7	26.6	1,226	571	56.7	26.5
Shiga	23	18	2.7	2.1	21	15	2.4	1.7
Shimane	87	123	9.5	13.5	86	123	9.4	13.5
Shizuoka	450	351	18.1	14.3	449	351	18.0	14.3
Tochigi	586	307	37.5	19.6	585	306	37.5	19.6
Tokushima	88	70	9.9	8.0	87	69	9.8	7.8
Tokyo	1,067	822	16.9	14.0	1,062	815	16.8	13.9
Tottori	51	32	8.4	5.3	50	32	8.3	5.3
Toyama	123	67	12.1	6.6	122	66	12.0	6.5
Wakayama	33	36	3.3	3.6	33	34	3.3	3.4
Yamagata	106	68	7.8	5.0	106	68	7.8	5.0
Yamaguchi	141	121	9.1	7.9	140	121	9.0	7.9
Yamanashi	64	55	7.8	6.7	60	54	7.3	6.6

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Amebiasis (046)				Scarlet fever (055)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	45	56	0.1	0.1	32	58	0.0	0.1
Aichi	3	1	0.1	0.0	4	-	0.1	-
Akita	1	1	0.1	0.1	-	1	-	0.1
Aomori	-	1	-	0.1	-	1	-	0.1
Chiba	-	3	-	0.1	1	3	0.0	0.1
Ehime	2	-	0.1	-	-	1	-	0.1
Fukui	-	-	-	-	-	-	-	-
Fukuoka	2	2	0.1	0.1	1	1	0.0	0.0
Fukushima	-	-	-	-	1	1	0.0	0.0
Gifu	1	-	0.1	-	-	3	-	0.2
Gumma	-	-	-	-	-	-	-	-
Hiroshima	-	1	-	0.0	1	-	0.0	-
Hokkaido	2	1	0.0	0.0	-	7	-	0.2
Hyogo	3	3	0.1	0.1	1	3	0.0	0.1
Ibaraki	-	-	-	-	-	-	-	-
Ishikawa	-	-	-	-	1	-	0.1	-
Iwate	-	-	-	-	-	1	-	0.1
Kagawa	-	-	-	-	1	-	0.1	-
Kagoshima	-	4	-	0.2	-	-	-	-
Kanagawa	1	-	0.0	-	2	2	0.1	0.1
Kochi	1	-	0.1	-	-	-	-	-
Kumamoto	-	-	-	-	-	1	-	0.1
Kyoto	1	2	0.1	0.1	1	1	0.1	0.1
Mie	-	-	-	-	-	1	-	0.1
Miyagi	-	2	-	0.1	-	1	-	0.1
Miyazaki	1	3	0.1	0.3	-	1	-	0.1
Nagano	-	5	-	0.2	4	1	0.2	0.0
Nagasaki	-	1	-	0.1	1	1	0.1	0.1
Nara	-	1	-	0.1	-	1	-	0.1
Niigata	2	1	0.1	0.0	-	2	-	0.1
Oita	3	1	0.2	0.1	-	-	-	-
Okayama	-	1	-	0.1	1	1	0.1	0.1
Osaka	4	3	0.1	0.1	1	4	0.0	0.1
Saga	-	1	-	0.1	1	1	0.1	0.1
Saitama	-	2	-	0.1	-	3	-	0.1
Shiga	2	3	0.2	0.3	-	-	-	-
Shimane	1	-	0.1	-	-	1	-	0.1
Shizuoka	1	-	0.0	-	1	1	0.0	0.0
Tochigi	1	1	0.1	0.1	-	2	-	0.1
Tokushima	1	1	0.1	0.1	-	-	-	-
Tokyo	5	7	0.1	0.1	6	8	0.1	0.1
Tottori	1	-	0.2	-	-	1	-	0.2
Toyama	1	1	0.1	0.1	-	-	-	-
Wakayama	-	2	-	0.2	1	1	0.1	0.1
Yamagata	-	-	-	-	-	1	-	0.1
Yamaguchi	1	-	0.1	-	-	-	-	-
Yamanashi	4	1	0.5	0.1	2	-	0.2	-

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Diphtheria (055)				Whooping cough (056)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	1,199	1,635	1.4	2.0	8,459	9,105	10.1	11.1
Aichi	19	28	0.6	0.8	205	403	6.0	12.1
Akita	15	30	1.1	2.3	88	165	6.7	12.7
Aomori	49	49	3.8	3.9	206	235	15.9	18.7
Chiba	32	31	1.5	1.4	266	226	12.3	10.5
Ehime	24	25	1.6	1.7	143	234	9.3	15.5
Fukui	11	16	1.5	2.1	63	66	8.3	8.8
Fukuoka	73	86	2.1	2.5	327	480	9.2	13.9
Fukushima	49	40	2.4	1.9	302	302	14.5	14.7
Gifu	17	28	1.1	1.8	77	174	4.9	11.3
Gumma	8	33	0.5	2.0	127	294	7.9	18.2
Hiroshima	30	36	1.4	1.7	106	174	5.1	8.4
Hokkaido	59	129	1.4	3.1	162	625	3.7	14.9
Hyogo	41	63	1.2	1.9	225	341	6.7	10.5
Ibaraki	7	25	0.3	1.2	381	124	18.5	6.0
Ishikawa	23	19	2.4	2.0	124	131	12.9	13.7
Iwate	24	45	1.8	3.4	218	178	16.1	13.4
Kagawa	6	17	0.6	1.8	74	91	7.8	9.6
Kagoshima	74	61	4.1	3.4	336	100	18.5	5.6
Kanagawa	22	44	0.9	1.8	234	271	9.3	11.2
Kochi	16	11	1.8	1.3	95	31	10.8	3.5
Kumamoto	22	38	1.2	2.1	260	107	14.1	5.9
Kyoto	18	13	1.0	0.7	136	163	7.4	9.0
Mie	17	17	1.2	1.2	108	111	7.3	7.6
Miyagi	11	29	0.7	1.8	163	289	9.7	17.6
Miyazaki	57	55	5.2	5.1	208	46	18.9	4.3
Nagano	12	22	0.6	1.1	176	237	8.5	11.4
Nagasaki	34	60	2.1	3.7	208	105	12.5	6.5
Nara	13	17	1.7	2.2	48	76	6.2	9.8
Niigata	49	56	2.0	2.3	272	259	11.0	10.5
Oita	35	42	2.8	3.3	160	95	12.7	7.6
Okayama	10	21	0.6	1.3	77	101	4.6	6.1
Osaka	62	45	1.6	1.2	298	432	7.7	11.6
Saga	24	41	2.5	4.3	81	91	8.5	9.6
Saitama	18	18	0.8	0.8	345	341	16.0	15.8
Shiga	9	10	1.0	1.1	56	119	6.5	13.6
Shimane	9	18	1.0	2.0	112	54	12.2	5.9
Shizuoka	16	36	0.6	1.5	350	303	14.1	12.3
Tochigi	21	27	1.3	1.7	207	178	13.3	11.4
Tokushima	20	14	2.3	1.6	211	40	23.8	4.6
Tokyo	58	119	0.9	2.0	575	564	9.1	9.6
Tottori	8	12	1.3	2.0	54	58	8.9	9.7
Toyama	30	28	3.0	2.8	179	151	17.6	15.0
Wakayama	3	4	0.3	0.4	85	31	8.6	3.1
Yamagata	14	21	1.0	1.5	93	294	6.8	21.6
Yamaguchi	23	45	1.5	2.9	110	164	7.1	10.7
Yamanashi	7	11	0.9	1.3	128	51	15.7	6.2

See footnotes at end of table.

TABLE 10. -1/DEATHS AND BATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Meningococcal infections (057)				Leprosy (060)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	368	492	0.4	0.6	87	171	0.1	0.2
Aichi	9	7	0.3	0.2	1	8	0.0	0.2
Akita	7	8	0.5	0.6	1	4	0.1	0.3
Aomori	12	11	0.9	0.9	4	1	0.3	0.1
Chiba	14	10	0.6	0.5	1	1	0.0	0.0
Ehime	5	4	0.3	0.3	2	3	0.1	0.2
Fukui	1	1	0.1	0.1	2	2	0.3	0.3
Fukuoka	15	21	0.4	0.6	2	1	0.1	0.0
Fukushima	19	15	0.9	0.7	4	2	0.2	0.1
Gifu	3	4	0.2	0.3	3	-	0.2	-
Gumma	6	8	0.4	0.5	3	13	0.2	0.8
Hiroshima	15	10	0.7	0.5	2	1	0.1	0.0
Hokkaido	27	49	0.6	1.2	1	2	0.0	0.0
Hyogo	1	12	0.0	0.4	3	4	0.1	0.1
Ibaraki	12	10	0.6	0.5	-	1	-	0.0
Ishikawa	4	2	0.4	0.2	-	1	-	0.1
Iwate	7	8	0.5	0.6	7	2	0.5	0.2
Kagawa	1	2	0.1	0.2	2	1	0.2	0.1
Kagoshima	8	5	0.4	0.3	6	8	0.3	0.4
Kanagawa	11	23	0.4	1.0	-	-	-	-
Kochi	3	6	0.3	0.7	1	3	0.1	0.3
Kumamoto	5	5	0.3	0.3	7	55	0.4	3.0
Kyoto	16	22	0.9	1.2	1	1	0.1	0.1
Mie	4	7	0.3	0.5	3	5	0.2	0.3
Miyagi	18	14	1.1	0.9	1	9	0.1	0.5
Miyazaki	5	5	0.5	0.5	8	5	0.7	0.5
Nagano	1	7	0.0	0.3	1	-	0.0	-
Nagasaki	3	7	0.2	0.4	4	6	0.2	0.4
Nara	1	1	0.1	0.1	-	1	-	0.1
Niigata	5	6	0.2	0.2	-	2	-	0.1
Oita	2	6	0.2	0.5	-	5	-	0.4
Okayama	-	4	-	0.2	-	-	-	-
Osaka	28	49	0.7	1.3	-	1	-	0.0
Saga	1	4	0.1	0.4	1	-	0.1	-
Saitama	9	11	0.4	0.5	-	3	-	0.1
Shiga	5	4	0.6	0.5	1	2	0.1	0.2
Shimane	1	5	0.1	0.5	2	-	0.2	-
Shizuoka	7	11	0.3	0.4	1	2	0.0	0.1
Tochigi	4	2	0.3	0.1	5	1	0.3	0.1
Tokushima	2	-	0.2	-	1	2	0.1	0.2
Tokyo	39	72	0.6	1.2	2	4	0.0	0.1
Tottori	6	10	1.0	1.7	2	3	0.3	0.5
Toyama	1	2	0.1	0.2	-	-	-	-
Wakayama	4	-	0.4	-	1	1	0.1	0.1
Yamagata	11	14	0.8	1.0	-	2	-	0.1
Yamaguchi	3	4	0.2	0.3	1	-	0.1	-
Yamanashi	7	4	0.9	0.5	-	3	-	0.4

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Tetanus (061)				Acute poliomyelitis, including late effects (080-081)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	1,550	1,958	1.8	2.4	810	1,074	1.0	1.3
Aichi	80	74	2.3	2.2	32	57	0.9	1.7
Akita	22	19	1.7	1.5	5	20	0.4	1.5
Aomori	34	25	2.6	2.0	8	23	0.6	1.8
Chiba	99	118	4.6	5.5	13	33	0.6	1.5
Ehime	34	62	2.2	4.1	23	21	1.5	1.4
Fukui	5	11	0.7	1.5	8	7	1.1	0.9
Fukuoka	68	79	1.9	2.3	26	50	0.7	1.5
Fukushima	26	35	1.3	1.7	33	28	1.6	1.4
Gifu	25	31	1.6	2.0	19	19	1.2	1.2
Gumma	49	66	3.0	4.1	17	26	1.1	1.6
Hiroshima	29	45	1.4	2.2	33	32	1.6	1.5
Hokkaido	30	49	0.7	1.2	26	60	0.6	1.4
Hyogo	33	37	1.0	1.1	41	40	1.2	1.2
Ibaraki	94	104	4.6	5.1	17	24	0.8	1.2
Ishikawa	20	24	2.1	2.5	3	11	0.3	1.2
Iwate	17	17	1.3	1.3	10	20	0.7	1.5
Kagawa	30	40	3.1	4.2	17	13	1.8	1.4
Kagoshima	78	99	4.3	5.5	29	41	1.6	2.3
Kanagawa	37	53	1.5	2.2	27	29	1.1	1.2
Kochi	25	30	2.8	3.4	13	11	1.5	1.3
Kumamoto	40	41	2.2	2.3	21	24	1.1	1.3
Kyoto	13	20	0.7	1.1	10	12	0.5	0.7
Mie	18	32	1.2	2.2	12	12	0.8	0.8
Miyagi	18	26	1.1	1.6	17	24	1.0	1.5
Miyazaki	39	61	3.5	5.7	21	17	1.9	1.6
Nagano	35	52	1.7	2.5	13	26	0.6	1.2
Nagasaki	35	48	2.1	3.0	23	23	1.4	1.4
Nara	13	16	1.7	2.1	14	12	1.8	1.5
Niigata	26	43	1.0	1.7	23	26	0.9	1.1
Oita	28	35	2.2	2.8	24	38	1.9	3.0
Okayama	14	36	0.8	2.2	19	21	1.1	1.3
Osaka	39	41	1.0	1.1	39	46	1.0	1.2
Saga	21	41	2.2	4.3	9	14	0.9	1.5
Saitama	50	56	2.3	2.6	16	18	0.7	0.8
Shiga	7	7	0.8	0.8	4	9	0.5	1.0
Shimane	23	13	2.5	1.4	5	11	0.5	1.2
Shizuoka	57	67	2.3	2.7	24	43	1.0	1.8
Tochigi	34	47	2.2	3.0	16	19	1.0	1.2
Tokushima	25	31	2.8	3.5	16	8	1.8	0.9
Tokyo	66	97	1.0	1.6	26	46	0.4	0.8
Tottori	11	7	1.8	1.2	8	2	1.3	0.3
Toyama	12	11	1.2	1.1	5	12	0.5	1.2
Wakayama	22	17	2.2	1.7	10	10	1.0	1.0
Yamagata	13	20	1.0	1.5	15	11	1.1	0.8
Yamaguchi	36	45	2.3	2.9	11	19	0.7	1.2
Yamanashi	20	30	2.4	3.7	9	6	1.1	0.7

See footnotes at end of table.

TABLE 10. - 1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	5/Japanese "B" encephalitis (082a)				Smallpox (084)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	2,440	1,177	2.9	1.4	8	14	0.0	0.0
Aichi	59	72	1.7	2.2	-	-	-	-
Akita	52	7	3.9	0.5	1	-	0.1	-
Aomori	17	9	1.3	0.7	-	-	-	-
Chiba	57	21	2.6	1.0	-	1	-	0.0
Ehime	32	19	2.1	1.3	-	1	-	0.1
Fukui	34	25	4.5	3.3	-	-	-	-
Fukuoka	60	31	1.7	0.9	-	-	-	-
Fukushima	19	1	0.9	0.0	-	-	-	-
Gifu	18	23	1.2	1.5	-	-	-	-
Gunma	35	6	2.2	0.4	-	-	-	-
Hiroshima	71	51	3.4	2.5	-	-	-	-
Hokkaido	1	2	0.0	0.0	2	-	0.0	-
Hyogo	146	70	4.4	2.2	1	1	0.0	0.0
Ibaraki	61	24	3.0	1.2	-	-	-	-
Ishikawa	32	10	3.3	1.0	-	-	-	-
Iwate	19	2	1.4	0.2	-	-	-	-
Kagawa	31	15	3.3	1.6	1	-	0.1	-
Kagoshima	29	14	1.6	0.8	-	-	-	-
Kanagawa	99	45	4.0	1.9	-	-	-	-
Kochi	31	1	3.5	0.1	-	-	-	-
Kumamoto	28	80	1.5	4.4	-	-	-	-
Kyoto	32	19	1.7	1.0	-	1	-	0.1
Mie	18	26	1.2	1.8	-	-	-	-
Miyagi	41	6	2.4	0.4	-	1	-	0.1
Miyazaki	32	35	2.9	3.2	-	-	-	-
Nagano	85	22	4.1	1.1	-	-	-	-
Nagasaki	21	7	1.3	0.4	-	-	-	-
Nara	8	15	1.0	1.9	-	-	-	-
Niigata	111	11	4.5	0.4	1	-	0.0	-
Oita	18	8	1.4	0.6	-	-	-	-
Okayama	136	35	8.1	2.1	-	-	-	-
Osaka	96	52	2.5	1.4	-	6	-	0.2
Saga	21	8	2.2	0.8	-	-	-	-
Saitama	100	40	4.6	1.9	-	-	-	-
Shiga	6	30	0.7	3.4	-	-	-	-
Shimane	38	17	4.1	1.9	-	-	-	-
Shizuoka	76	64	3.1	2.6	-	-	-	-
Tochigi	25	7	1.6	0.4	-	-	-	-
Tokushima	21	26	2.4	3.0	-	-	-	-
Tokyo	321	83	5.1	1.4	2	-	0.0	-
Tottori	29	4	4.8	0.7	-	-	-	-
Toyama	69	44	6.8	4.4	-	-	-	-
Wakayama	30	29	3.0	2.9	-	2	-	0.2
Yamagata	68	2	5.0	0.1	-	-	-	-
Yamaguchi	88	46	5.7	3.0	-	1	-	0.1
Yamanashi	19	13	2.3	1.6	-	-	-	-

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Measles (085)				Rabies (094)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	3,775	12,389	4.5	15.1	60	79	0.1	0.1
Aichi	187	552	5.5	16.6	-	-	-	-
Akita	50	240	3.8	18.4	-	-	-	-
Aomori	104	236	8.0	18.8	-	-	-	-
Chiba	56	276	2.6	12.8	4	19	0.2	0.9
Ehime	138	136	9.0	9.0	-	-	-	-
Fukui	75	77	9.9	10.3	-	-	-	-
Fukuoka	51	816	1.4	23.7	-	-	-	-
Fukushima	150	381	7.2	18.5	-	-	-	-
Gifu	131	161	8.4	10.4	-	-	-	-
Gunma	180	283	11.2	17.5	14	7	0.9	0.4
Hiroshima	58	165	2.8	7.9	-	-	-	-
Hokkaido	212	1,150	4.9	27.5	-	1	-	0.0
Iyogo	136	387	4.1	11.9	-	1	-	0.0
Ibaraki	54	262	2.6	12.8	1	3	0.0	0.1
Ishikawa	8	176	0.8	18.4	-	-	-	-
Iwate	236	213	17.4	16.0	-	-	-	-
Kagawa	94	27	9.9	2.9	-	-	-	-
Kagoshima	170	224	9.4	12.5	-	-	-	-
Kanagawa	89	277	3.6	11.5	12	8	0.5	0.3
Kochi	66	21	7.5	2.4	-	-	-	-
Kumamoto	10	232	0.5	12.8	-	-	-	-
Kyoto	7	356	0.4	19.6	-	-	-	-
Mie	12	257	0.8	17.5	-	-	-	-
Miyagi	111	240	6.6	14.6	-	1	-	0.1
Miyazaki	31	96	2.8	8.9	-	-	-	-
Nagano	61	174	2.9	8.4	-	-	-	-
Nagasaki	71	312	4.3	19.3	-	1	-	0.1
Nara	17	197	2.2	25.4	-	-	-	-
Niigata	73	572	2.9	23.2	-	-	-	-
Oita	5	247	0.4	19.7	-	-	-	-
Okayama	48	54	2.9	3.2	-	-	-	-
Osaka	30	870	0.8	23.5	-	1	-	0.0
Saga	15	153	1.6	16.2	-	-	-	-
Saitama	198	272	9.2	12.6	10	14	0.5	0.7
Shiga	7	188	0.8	21.6	-	-	-	-
Shimane	1	144	0.1	15.8	-	-	-	-
Shizuoka	180	264	7.2	10.8	3	-	0.1	-
Tochigi	190	97	12.2	6.2	8	1	0.5	0.1
Tokushima	230	46	26.0	5.2	-	-	-	-
Tokyo	112	598	1.8	10.2	8	21	0.1	0.4
Tottori	4	30	0.7	5.0	-	1	-	0.2
Toyama	5	211	0.5	20.9	-	-	-	-
Wakayama	9	166	0.9	16.8	-	-	-	-
Yamagata	50	194	3.7	14.3	-	-	-	-
Yamaguchi	16	229	1.0	14.9	-	-	-	-
Yamanashi	37	130	4.5	15.9	-	-	-	-

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Typhus and other rickettsial diseases (100-108)				Tsutsugamushi diseases and other mite-borne typhus (105)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	103	64	0.1	0.1	5	4	0.0	0.0
Aichi	1	1	0.0	0.0	-	-	-	-
Akita	3	1	0.2	0.1	3	1	0.2	0.1
Aomori	2	3	0.2	0.2	-	-	-	-
Chiba	1	3	0.0	0.1	-	-	-	-
Ehime	6	6	0.4	0.4	-	-	-	-
Fukui	-	-	-	-	-	-	-	-
Fukuoka	3	2	0.1	0.1	-	-	-	-
Fukushima	-	-	-	-	-	-	-	-
Gifu	-	-	-	-	-	-	-	-
Gumma	1	-	0.1	-	-	-	-	-
Hiroshima	3	3	0.1	0.1	-	-	-	-
Hokkaido	6	-	0.1	-	-	-	-	-
Hyogo	6	6	0.2	0.2	-	-	-	-
Ibaraki	2	-	0.1	-	-	-	-	-
Ishikawa	-	-	-	-	-	-	-	-
Iwate	-	-	-	-	-	-	-	-
Kagawa	-	-	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-	-	-
Kanagawa	22	-	0.9	-	-	-	-	-
Kochi	-	-	-	-	-	-	-	-
Kumamoto	-	4	-	0.2	-	-	-	-
Kyoto	-	3	-	0.2	-	-	-	-
Mie	2	1	0.1	0.1	-	-	-	-
Miyagi	2	4	0.1	0.2	-	-	-	-
Miyazaki	-	-	-	-	-	-	-	-
Nagano	1	-	0.0	-	-	-	-	-
Nagasaki	1	-	0.1	-	-	-	-	-
Nara	1	-	0.1	-	-	-	-	-
Niigata	2	3	0.1	0.1	2	3	0.1	0.1
Oita	2	4	0.2	0.3	-	-	-	-
Okayama	6	11	0.4	0.7	-	-	-	-
Osaka	1	1	0.0	0.0	-	-	-	-
Saga	-	-	-	-	-	-	-	-
Saitama	3	-	0.1	-	-	-	-	-
Shiga	2	-	0.2	-	-	-	-	-
Shimane	-	1	-	0.1	-	-	-	-
Shizuoka	1	2	0.0	0.1	-	-	-	-
Tochigi	-	-	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-	-	-
Tokyo	20	1	0.3	0.0	-	-	-	-
Tottori	-	-	-	-	-	-	-	-
Toyama	-	-	-	-	-	-	-	-
Wakayama	-	3	-	0.3	-	-	-	-
Yamagata	-	-	-	-	-	-	-	-
Yamaguchi	2	-	0.1	-	-	-	-	-
Yamanashi	1	1	0.1	0.1	-	-	-	-

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Malaria (110-117)				Pulmonary (S. japonicum) schistosomiasis (122,2)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	68	120	0.1	0.1	75	48	0.1	0.1
Aichi	3	4	0.1	0.1	-	-	-	-
Akita	-	4	-	0.3	-	-	-	-
Aomori	1	-	0.1	-	-	-	-	-
Chiba	2	3	0.1	0.1	1	-	0.0	-
Ehime	1	1	0.1	0.1	-	-	-	-
Fukui	2	2	0.3	0.3	-	-	-	-
Fukuoka	3	4	0.1	0.1	5	4	0.1	0.1
Fukushima	-	3	-	0.1	-	1	-	0.0
Gifu	3	3	0.2	0.2	-	-	-	-
Gunma	1	2	0.1	0.1	-	-	-	-
Hiroshima	-	3	-	0.1	4	3	0.2	0.1
Hokkaido	2	3	0.0	0.1	-	-	-	-
Hyogo	2	7	0.1	0.2	-	-	-	-
Ibarak	2	2	0.1	0.1	1	-	0.0	-
Ishikawa	7	1	0.7	0.1	-	-	-	-
Iwate	-	-	-	-	-	-	-	-
Kagawa	1	-	0.1	-	-	-	-	-
Kagoshima	1	5	0.1	0.3	-	1	-	0.1
Kanagawa	2	2	0.1	0.1	-	1	-	0.0
Kochi	-	1	-	0.1	-	-	-	-
Kumamoto	5	2	0.3	0.1	-	-	-	-
Kyoto	1	-	0.1	-	-	-	-	-
Mie	-	5	-	0.3	-	-	-	-
Miyagi	2	2	0.1	0.1	-	-	-	-
Miyazaki	-	-	-	-	-	-	-	-
Nagano	-	4	-	0.2	-	-	-	-
Nagasaki	2	4	0.1	0.2	-	-	-	-
Nara	-	2	-	0.3	-	-	-	-
Niigata	2	4	0.1	0.2	-	1	-	0.0
Oita	1	2	0.1	0.2	-	-	-	-
Okayama	-	1	-	0.1	-	-	-	-
Osaka	2	4	0.1	0.1	-	1	-	0.0
Saga	-	1	-	0.1	4	3	0.4	0.3
Saitama	1	2	0.0	0.1	-	-	-	-
Shiga	3	6	0.3	0.7	-	-	-	-
Shimane	1	3	0.1	0.3	-	-	-	-
Shizuoka	2	1	0.1	0.0	-	-	-	-
Tochigi	1	4	0.1	0.3	-	-	-	-
Tokushima	-	6	-	0.7	-	-	-	-
Tokyo	5	4	0.1	0.1	1	-	0.0	-
Tottori	1	1	0.2	0.2	-	-	-	-
Toyama	3	1	0.3	0.1	-	-	-	-
Wakayama	-	3	-	0.3	-	-	-	-
Yamagata	1	1	0.1	0.1	-	-	-	-
Yamaguchi	1	6	0.1	0.4	-	-	-	-
Yamanashi	1	1	0.1	0.1	59	33	7.2	4.0

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Filariasis (127)				Malignant neoplasms (140-200, 202, 203, 205)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	59	67	0.1	0.1	61,783	58,769	73.7	71.5
Aichi	-	-	-	-	2,501	2,368	73.2	71.1
Akita	-	-	-	-	775	749	58.8	57.4
Aomori	-	1	-	0.1	718	660	55.6	52.5
Chiba	1	1	0.0	0.0	1,825	1,791	84.7	83.2
Ehime	2	-	0.1	-	1,208	1,102	78.8	73.0
Fukui	1	1	0.1	0.1	512	555	67.6	74.3
Fukuoka	3	6	0.1	0.2	2,735	2,638	76.9	76.6
Fukushima	-	-	-	-	1,444	1,342	69.5	65.2
Gifu	-	-	-	-	1,063	1,044	68.3	67.6
Gumma	-	-	-	-	1,217	1,168	75.4	72.3
Hiroshima	1	1	0.0	0.0	1,562	1,544	74.5	74.4
Hokkaido	-	-	-	-	2,614	2,437	60.4	58.3
Hyogo	-	1	-	0.0	2,471	2,273	74.1	69.9
Ibaraki	1	1	0.0	0.0	1,656	1,568	80.6	76.3
Ishikawa	-	-	-	-	826	806	85.7	84.4
Iwate	-	-	-	-	675	638	49.8	48.0
Kagawa	-	-	-	-	754	768	79.1	81.2
Kagoshima	18	29	1.0	1.6	1,040	999	57.2	55.6
Kanagawa	-	-	-	-	1,671	1,582	66.7	65.5
Kochi	2	-	0.2	-	693	602	78.7	68.8
Kumamoto	6	4	0.3	0.2	1,246	1,215	67.7	66.8
Kyoto	-	1	-	0.1	1,511	1,416	81.8	77.8
Mie	-	-	-	-	1,130	1,102	76.8	75.2
Miyagi	-	-	-	-	1,279	1,208	76.3	73.7
Miyazaki	3	2	0.3	0.2	626	657	56.9	60.9
Nagano	-	-	-	-	1,764	1,705	85.0	81.9
Nagasaki	13	5	0.8	0.3	1,067	1,052	64.4	65.1
Nara	-	-	-	-	837	788	108.8	101.6
Niigata	-	-	-	-	2,151	2,067	86.8	83.9
Oita	-	1	-	0.1	915	882	72.5	70.2
Okayama	-	2	-	0.1	1,358	1,331	81.2	79.9
Osaka	-	-	-	-	3,095	2,761	79.7	74.5
Saga	1	2	0.1	0.2	824	759	86.6	80.4
Saitama	-	-	-	-	1,698	1,653	78.5	76.8
Shiga	1	-	0.1	-	702	679	80.9	77.8
Shimane	-	-	-	-	757	708	82.4	77.5
Shizuoka	2	1	0.1	0.0	1,469	1,418	59.0	57.8
Tochigi	-	1	-	0.1	1,167	1,184	74.7	75.7
Tokushima	-	-	-	-	624	625	70.5	71.1
Tokyo	1	1	0.0	0.0	4,505	3,960	71.3	67.3
Tottori	-	-	-	-	537	503	88.8	83.8
Toyama	1	-	0.1	-	861	839	84.7	83.1
Wakayama	1	1	0.1	0.1	849	861	85.8	87.2
Yamagata	-	1	-	0.1	1,013	1,072	74.1	78.8
Yamaguchi	-	-	-	-	1,209	1,077	77.9	70.3
Yamanashi	1	4	0.1	0.5	629	613	77.0	74.9

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	6/Diabetes mellitus (260)				Beriberi (280)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	2,027	1,876	2.4	2.3	3,952	5,562	4.7	6.8
Aichi	95	86	2.8	2.6	159	217	4.7	6.5
Akita	29	18	2.2	1.4	110	134	8.3	10.3
Aomori	30	15	2.3	1.2	151	209	11.7	16.6
Chiba	59	51	2.7	2.4	100	113	4.6	5.2
Ehime	38	36	2.5	2.4	34	45	2.2	3.0
Fukui	34	27	4.5	3.6	60	55	7.9	7.4
Fukuoka	67	79	1.9	2.3	140	217	3.9	6.3
Fukushima	37	30	1.8	1.5	96	118	4.6	5.7
Gifu	43	37	2.8	2.4	58	86	3.7	5.6
Gunma	34	29	2.1	1.8	36	67	2.2	4.1
Hiroshima	72	82	3.4	3.9	97	129	4.6	6.2
Hokkaido	100	83	2.3	2.0	262	345	6.1	8.2
Hyogo	82	68	2.5	2.1	156	209	4.7	6.4
Ibaraki	48	43	2.3	2.1	79	134	3.8	6.5
Ishikawa	46	46	4.8	4.8	80	114	8.3	11.9
Iwate	29	22	2.1	1.7	121	186	8.9	14.0
Kagawa	36	39	3.8	4.1	27	17	2.8	1.8
Kagoshima	57	38	3.1	2.1	58	105	3.2	5.8
Kanagawa	33	38	1.3	1.6	75	111	3.0	4.6
Kochi	34	53	3.9	6.1	26	65	3.0	7.4
Kumamoto	42	38	2.3	2.1	78	96	4.2	5.3
Kyoto	52	40	2.8	2.2	91	146	4.9	8.0
Mie	49	35	3.3	2.4	58	108	3.9	7.4
Miyagi	27	24	1.6	1.5	123	145	7.3	8.8
Miyazaki	25	22	2.3	2.0	39	59	3.5	5.5
Nagano	43	44	2.1	2.1	50	76	2.4	3.6
Nagasaki	30	45	1.8	2.8	66	92	4.0	5.7
Nara	9	17	1.2	2.2	33	55	4.3	7.1
Niigata	82	73	3.3	3.0	144	216	5.8	8.8
Oita	37	34	2.9	2.7	51	82	4.0	6.5
Okayama	54	58	3.2	3.5	70	108	4.2	6.5
Osaka	75	51	1.9	1.4	218	383	5.6	10.3
Saga	30	25	3.2	2.6	75	112	7.9	11.9
Saitama	42	40	1.9	1.9	77	103	3.6	4.8
Shiga	20	24	2.3	2.8	54	75	6.2	8.6
Shimane	44	40	4.8	4.4	34	51	3.7	5.6
Shizuoka	51	47	2.0	1.9	96	137	3.9	5.6
Tochigi	31	21	2.0	1.3	70	79	4.5	5.1
Tokushima	37	28	4.2	3.2	13	30	1.5	3.4
Tokyo	86	75	1.4	1.3	243	297	3.8	5.0
Tottori	26	26	4.3	4.3	50	53	8.3	8.8
Toyama	27	34	2.7	3.4	80	118	7.9	11.7
Wakayama	34	33	3.4	3.3	30	34	3.0	3.4
Yamagata	24	27	1.8	2.0	100	121	7.3	8.9
Yamaguchi	32	38	2.1	2.5	66	97	4.3	6.3
Yamanashi	15	17	1.8	2.1	18	13	2.2	1.6

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Vascular lesions affecting the central nervous system (330-334, 352a)				2/Meningitis except meningococcal and tuberculosis (340)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	106,011	100,278	126.5	122.0	6,788	8,990	8.1	10.9
Aichi	4,220	3,887	123.6	116.8	361	439	10.6	13.2
Akita	2,587	2,485	196.2	190.5	163	208	12.4	15.9
Aomori	1,834	1,707	141.9	135.7	104	128	8.0	10.2
Chiba	3,583	3,326	166.3	154.5	259	288	12.0	13.4
Ehime	1,601	1,615	104.4	106.9	168	203	11.0	13.4
Fukui	937	896	123.6	119.9	96	102	12.7	13.6
Fukuoka	3,707	3,576	104.3	103.9	250	319	7.0	9.3
Fukushima	3,225	2,992	155.2	145.5	218	263	10.5	12.6
Gifu	2,025	1,908	130.2	123.6	158	265	10.2	17.2
Gumma	2,256	2,201	139.9	136.3	101	140	6.3	8.7
Hiroshima	2,408	2,409	114.8	116.0	183	228	8.7	11.0
Hokkaido	3,924	3,643	90.7	87.1	323	589	7.5	14.1
Hyogo	3,240	3,099	97.2	95.3	252	339	7.6	10.4
Ibaraki	3,579	3,342	174.2	162.7	156	173	7.6	8.4
Ishikawa	1,322	1,229	137.1	128.7	117	155	12.1	16.2
Iwate	2,405	2,401	177.3	180.7	119	171	8.8	12.9
Kagawa	1,014	1,112	106.4	117.6	101	126	10.6	13.3
Kagoshima	2,427	2,309	133.6	128.6	168	196	9.2	10.9
Kanagawa	2,712	2,505	108.2	103.6	154	206	6.1	8.5
Kochi	1,288	1,279	146.3	146.1	91	100	10.3	11.4
Kumamoto	2,344	2,253	127.3	123.9	148	168	8.0	9.2
Kyoto	1,835	1,721	99.4	94.6	118	184	6.4	10.1
Mie	1,811	1,787	123.0	122.0	153	209	10.4	14.3
Miyagi	2,437	2,262	145.5	138.0	115	145	6.9	8.8
Miyazaki	1,418	1,276	129.0	118.3	103	140	9.4	13.0
Nagano	3,647	3,218	175.7	154.5	109	151	5.3	7.2
Nagasaki	1,781	1,653	107.5	102.3	173	206	10.4	12.8
Nara	970	956	126.1	123.2	45	90	5.8	11.6
Niigata	4,056	3,962	163.6	160.9	236	308	9.5	12.5
Oita	1,864	1,690	147.7	134.5	108	183	8.6	14.6
Okayama	2,290	2,079	136.9	124.8	100	205	6.0	12.3
Osaka	3,184	3,014	82.0	81.3	229	320	5.9	8.6
Saga	1,198	1,212	125.8	128.4	89	109	9.3	11.5
Saitama	3,259	2,990	150.7	138.9	162	208	7.5	9.7
Shiga	1,068	1,079	123.1	123.7	66	82	7.6	9.4
Shimane	1,444	1,378	157.1	150.8	88	86	9.6	9.4
Shizuoka	2,996	2,880	120.4	117.4	202	283	8.1	11.5
Tochigi	2,442	2,271	156.4	145.2	140	132	9.0	8.4
Tokushima	1,054	962	119.1	109.4	110	130	13.3	14.8
Tokyo	5,884	5,200	93.1	88.4	274	339	4.3	5.8
Tottori	783	812	129.5	135.3	50	52	8.3	8.7
Toyama	1,415	1,305	139.3	129.3	100	155	9.8	15.4
Wakayama	1,190	1,177	120.3	119.3	62	86	6.3	8.7
Yamagata	2,251	2,380	164.7	175.0	91	164	6.7	12.1
Yamaguchi	2,008	1,817	129.4	118.6	114	163	7.3	10.6
Yamanashi	1,088	1,023	133.1	125.0	53	54	6.5	6.6

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	8/Heart diseases (410-443, 782.0-782.2)				9/Influenza (480-483)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	51,844	52,763	61.9	64.2	1,287	524	1.5	0.6
Aichi	2,123	2,196	62.2	66.0	31	17	0.9	0.5
Akita	856	918	64.9	70.4	7	7	0.5	0.5
Aomori	668	660	51.7	52.5	12	25	0.9	2.0
Chiba	1,682	1,650	78.1	76.6	37	13	1.7	0.6
Ehime	928	963	60.5	63.6	42	23	2.7	1.5
Fukui	472	527	62.3	70.5	18	7	2.4	0.9
Fukuoka	1,979	1,834	55.7	53.3	53	30	1.5	0.9
Fukushima	1,428	1,351	68.7	65.7	5	5	0.2	0.2
Gifu	1,019	1,043	65.5	67.6	22	9	1.4	0.6
Gunma	1,149	1,230	71.2	76.2	5	8	0.3	0.5
Hiroshima	1,259	1,325	60.0	63.8	46	21	2.2	1.0
Hokkaido	2,256	2,249	52.1	53.8	43	19	1.0	0.5
Hyogo	1,748	1,870	52.4	57.5	59	15	1.8	0.5
Ibaraki	1,548	1,634	75.4	79.5	11	-	0.5	-
Ishikawa	702	718	72.8	75.2	29	7	3.0	0.7
Iwate	857	862	63.2	64.9	3	10	0.2	0.8
Kagawa	615	621	64.5	65.7	33	11	3.5	1.2
Kagoshima	1,142	1,121	62.8	62.4	26	12	1.4	0.7
Kanagawa	1,351	1,261	53.9	52.2	23	14	0.9	0.6
Kochi	476	459	54.1	52.4	13	4	1.5	0.5
Kumamoto	1,189	1,241	64.6	68.3	24	16	1.3	0.9
Kyoto	1,051	1,049	56.9	57.6	18	11	1.0	0.6
Mie	948	1,050	64.4	71.7	45	14	3.1	1.0
Miyagi	1,016	1,054	60.6	64.3	9	2	0.5	0.1
Miyazaki	700	764	63.7	70.8	10	6	0.9	0.6
Nagano	1,556	1,603	75.0	77.0	7	6	0.3	0.3
Nagasaki	1,075	992	64.9	61.4	37	9	2.2	0.6
Nara	502	509	65.3	65.6	12	4	1.6	0.5
Niigata	1,525	1,651	61.5	67.0	50	22	2.0	0.9
Oita	845	905	67.0	72.0	41	11	3.2	0.9
Okayama	1,104	1,078	66.0	64.7	24	7	1.4	0.4
Osaka	2,008	2,141	51.7	57.7	35	23	0.9	0.6
Saga	650	618	68.3	65.5	5	16	0.5	1.7
Saitama	1,623	1,616	75.1	75.1	18	3	0.8	0.1
Shiga	661	676	76.2	77.5	13	3	1.5	0.3
Shimane	643	739	70.0	80.9	94	11	10.2	1.2
Shizuoka	1,533	1,491	61.6	60.8	18	19	0.7	0.8
Tochigi	1,131	1,092	72.4	69.8	28	7	1.8	0.4
Tokushima	741	683	83.8	77.7	56	7	6.3	0.8
Tokyo	3,126	3,071	49.5	52.2	56	28	0.9	0.5
Tottori	384	384	63.5	64.0	5	1	0.8	0.2
Toyama	638	694	62.8	68.7	17	12	1.7	1.2
Wakayama	519	599	52.5	60.7	44	8	4.4	0.8
Yamagata	852	995	62.3	73.2	9	4	0.7	0.3
Yamaguchi	975	965	62.8	63.0	87	13	5.6	0.8
Yamanashi	591	613	72.3	74.9	7	4	0.9	0.5

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Pneumonia, including pneumonia of newborn (490-493, 763)				Bronchitis and bronchiectasis (500-502, 526)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	54,678	56,213	65.2	68.4	23,775	25,599	28.4	31.1
Aichi	2,167	2,232	63.5	67.1	916	1,053	26.8	31.6
Akita	678	832	51.4	63.8	418	489	31.7	37.5
Aomori	1,236	1,140	95.7	90.6	430	527	33.3	41.9
Chiba	1,507	1,553	69.9	72.1	594	662	27.6	30.8
Ehime	1,070	1,077	69.8	71.3	525	552	34.2	36.5
Fukui	513	483	67.7	64.6	321	291	42.4	38.9
Fukuoka	2,286	2,468	64.3	71.7	765	863	21.3	25.1
Fukushima	1,624	1,781	78.2	86.6	597	666	28.7	32.4
Gifu	905	977	58.2	63.3	595	616	38.2	39.9
Gumma	1,110	1,340	68.8	83.0	411	443	25.5	27.4
Hiroshima	1,358	1,145	64.8	55.1	682	624	32.5	30.1
Hokkaido	2,576	3,256	59.5	77.8	1,056	1,244	24.4	29.7
Hyogo	1,716	1,754	51.5	53.9	901	883	27.0	27.1
Ibaraki	1,324	1,307	64.5	63.6	720	796	35.1	38.7
Ishikawa	816	742	84.6	77.7	402	425	41.7	44.5
Iwate	1,554	1,360	114.5	102.4	463	598	34.1	45.0
Kagawa	622	586	65.3	62.0	334	276	35.1	29.2
Kagoshima	1,490	1,260	82.0	70.2	609	584	33.5	32.5
Kanagawa	1,410	1,634	56.3	67.6	328	389	13.1	16.1
Kochi	601	483	68.3	55.2	268	264	30.4	30.2
Kuramoto	1,246	1,270	67.7	69.9	682	598	37.0	32.9
Kyoto	853	992	46.2	54.5	380	362	20.6	19.9
Mie	819	879	55.6	60.0	573	647	38.9	44.2
Miyagi	1,178	1,233	70.3	75.2	320	376	19.1	22.9
Miyazaki	700	673	63.7	62.4	362	367	32.9	34.0
Nagano	1,153	1,271	55.5	61.0	548	619	26.4	29.7
Nagasaki	1,427	1,250	86.1	77.4	645	630	38.9	39.0
Nara	469	488	61.0	62.9	218	243	28.3	31.3
Niigata	1,732	1,862	69.9	75.6	924	1,143	37.3	46.4
Oita	839	931	66.5	74.1	564	574	44.7	45.7
Okayama	1,090	868	65.1	52.1	603	555	36.0	33.3
Osaka	2,275	2,694	58.6	72.6	597	703	15.4	19.0
Saga	557	560	58.5	59.3	305	338	32.0	35.8
Saitama	1,676	1,571	77.5	73.0	828	908	38.3	42.2
Shiga	512	515	59.0	59.0	270	305	31.1	35.0
Shimane	645	575	70.2	62.9	430	353	46.8	38.6
Shizuoka	1,684	1,516	67.6	61.8	618	636	24.8	25.9
Tochigi	1,075	1,114	68.8	71.2	511	563	32.7	36.0
Tokushima	934	619	105.6	70.4	397	337	44.9	38.3
Tokyo	3,303	3,617	52.3	61.5	711	837	11.2	14.2
Tottori	313	303	51.8	50.5	163	193	27.0	32.2
Toyama	766	810	75.4	80.2	411	502	40.4	49.7
Wakayama	479	558	48.4	56.5	237	267	24.0	27.1
Yamagata	812	1,060	59.4	77.9	424	586	31.0	43.1
Yamaguchi	1,077	1,045	69.4	68.2	472	414	30.4	27.0
Yamanashi	501	529	61.3	64.6	256	298	31.3	36.4

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	10/Empyema and pleurisy (518-519)				Ulcer of stomach and duodenum (540-542)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	3,031	6,013	3.6	7.3	20,495	19,409	24.5	23.6
Aichi	126	220	3.7	6.6	725	656	21.2	19.7
Akita	43	57	3.3	7.4	227	237	17.2	18.2
Aomori	41	96	3.2	7.6	216	219	16.7	17.4
Chiba	95	179	4.4	8.3	606	629	28.1	29.2
Ehime	56	105	3.7	7.0	365	301	23.8	19.9
Fukui	25	61	3.3	8.2	166	183	21.9	24.5
Fukuoka	133	257	3.7	7.5	890	851	25.0	24.7
Fukushima	99	179	4.8	8.7	520	473	25.0	23.0
Gifu	71	121	4.6	7.8	351	334	22.6	21.6
Gumma	43	82	2.7	5.1	398	394	24.7	24.4
Hiroshima	52	138	2.5	6.6	607	584	28.9	28.1
Hokkaido	167	303	3.9	7.2	640	592	14.8	14.2
Hyogo	108	244	3.2	7.5	776	710	23.3	21.8
Ibaraki	98	168	4.8	8.2	613	596	29.8	29.0
Ishikawa	24	61	2.5	6.4	264	289	27.4	30.3
Iwate	52	86	3.8	6.5	322	303	23.7	22.8
Kagawa	30	60	3.1	6.3	274	250	28.8	26.4
Kagoshima	70	166	3.9	9.2	554	503	30.5	28.0
Kanagawa	74	137	3.0	5.7	502	545	20.0	22.5
Kochi	27	77	3.1	8.8	194	193	22.0	22.0
Kumamoto	78	199	4.2	10.9	573	530	31.1	29.2
Kyoto	52	114	2.8	6.3	485	426	26.3	23.4
Mie	71	101	4.8	6.9	414	410	28.1	28.0
Miyagi	59	106	3.5	6.5	314	303	18.7	18.5
Miyazaki	64	106	5.8	9.8	295	290	26.8	26.9
Nagano	58	123	2.8	5.9	575	526	27.7	25.3
Nagasaki	75	160	4.5	9.9	430	388	25.9	24.0
Nara	42	50	5.5	6.4	232	219	30.2	28.2
Niigata	105	202	4.2	8.2	527	547	21.3	22.2
Oita	71	129	5.6	10.3	436	432	34.5	34.4
Okayama	39	144	2.3	8.6	508	446	30.4	26.8
Osaka	119	200	3.1	5.4	907	801	23.3	21.6
Saga	33	68	3.5	7.2	272	262	28.6	27.8
Saitama	82	154	3.8	7.2	548	502	25.3	23.3
Shiga	28	63	3.2	7.2	267	245	30.8	28.1
Shimane	44	82	4.8	9.0	337	301	36.7	33.0
Shizuoka	71	130	2.9	5.3	546	540	21.9	22.0
Tochigi	66	107	4.2	6.8	452	405	28.9	25.9
Tokushima	30	72	3.4	8.1	224	214	25.3	24.3
Tokyo	176	342	2.8	5.8	1,206	1,115	19.1	19.0
Tottori	20	53	3.3	8.8	176	180	29.1	30.0
Toyama	37	75	3.6	7.4	236	265	23.2	26.2
Wakayama	36	65	3.6	6.6	279	238	28.2	24.1
Yamagata	58	117	4.2	8.6	315	322	23.0	23.7
Yamaguchi	55	148	3.5	9.7	525	460	33.8	30.0
Yamanashi	28	66	3.4	8.1	206	200	25.2	24.4

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000)

Area	Appendicitis (550-553)				11/Enteritis and colitis, ulceration of the intestines, and diarrhea - all ages			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	3,017	3,298	3.6	4.0	63,618	71,546	75.9	87.0
Aichi	142	120	4.2	3.6	1,909	2,360	55.9	70.9
Akita	67	61	5.1	4.7	1,552	1,639	117.7	125.7
Aomori	45	54	3.5	4.3	1,834	1,787	141.9	142.0
Chiba	85	98	3.9	4.6	1,333	1,418	61.9	65.9
Ehime	45	46	2.9	3.0	991	1,187	64.6	78.6
Fukui	27	30	3.6	4.0	971	1,077	128.1	144.1
Fukuoka	132	133	3.7	3.9	2,415	2,862	67.9	83.2
Fukushima	69	86	3.3	4.2	1,608	1,764	77.4	85.8
Gifu	49	51	3.1	3.3	1,390	1,582	89.3	102.5
Gumma	54	51	3.3	3.2	1,165	1,243	72.2	77.0
Hiroshima	63	82	3.0	3.9	1,395	1,646	66.5	79.3
Hokkaido	171	188	4.0	4.5	3,816	4,367	88.2	104.4
Hyogo	104	127	3.1	3.9	2,513	2,878	75.4	88.5
Ibaraki	72	80	3.5	3.9	1,580	1,673	76.9	81.4
Ishikawa	38	44	3.9	4.6	1,267	1,168	131.4	122.3
Iwate	61	64	4.5	4.8	1,584	1,578	116.8	118.8
Kagawa	26	38	2.7	4.0	611	696	64.1	73.6
Kagoshima	48	45	2.6	2.5	1,715	1,794	94.4	99.9
Kanagawa	82	85	3.3	3.5	911	1,086	36.4	44.9
Kochi	33	20	3.7	2.3	568	629	64.5	71.9
Kumamoto	52	59	2.8	3.2	1,553	1,661	84.4	91.4
Kyoto	77	92	4.2	5.1	955	1,268	51.7	69.7
Mie	52	46	3.5	3.1	1,119	1,444	76.0	98.6
Miyagi	63	75	3.8	4.6	1,409	1,235	84.1	75.3
Miyazaki	41	39	3.7	3.6	987	1,005	89.8	93.2
Nagano	69	82	3.3	3.9	1,236	1,396	59.5	67.0
Nagasaki	53	45	3.2	2.8	1,327	1,414	80.1	87.5
Nara	20	31	2.6	4.0	639	809	83.1	104.3
Niigata	114	145	4.6	5.9	2,560	2,756	103.3	111.9
Oita	38	61	3.0	4.9	1,135	1,315	89.9	104.6
Okayama	74	69	4.4	4.1	1,403	1,468	83.9	88.1
Osaka	158	177	4.1	4.8	2,575	2,897	66.3	78.1
Saga	43	45	4.5	4.8	774	920	81.3	97.5
Saitama	60	72	2.8	3.3	1,916	1,966	88.6	91.3
Shiga	39	43	4.5	4.9	859	1,180	99.0	135.3
Shimane	38	40	4.1	4.4	685	920	74.5	100.7
Shizuoka	68	68	2.7	2.8	1,432	1,815	57.5	74.0
Tochigi	52	60	3.3	3.8	1,623	1,611	103.9	103.0
Tokushima	25	24	2.8	2.7	760	850	85.9	96.7
Tokyo	222	263	3.5	4.5	1,893	2,206	29.9	37.5
Tottori	25	25	4.1	4.2	535	598	88.5	99.7
Toyama	43	45	4.2	4.5	1,511	1,751	148.7	173.4
Wakayama	35	41	3.5	4.2	671	979	67.8	99.2
Yamagata	61	63	4.5	4.6	1,371	1,723	100.3	126.7
Yamaguchi	56	53	3.6	3.5	927	1,197	59.7	78.1
Yamanashi	26	32	3.2	3.9	635	728	77.7	89.0

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	11/Enteritis and colitis, ulceration of the intestines, and diarrhea - under 2 yrs				11/Enteritis and colitis, ulceration of the intestines, and diarrhea - 2 yrs and over			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	29,328	41,634	35.0	50.6	34,290	29,912	40.9	36.4
Aichi	848	1,340	24.8	40.3	1,061	1,020	31.1	30.6
Akita	914	1,159	69.3	88.9	638	480	48.4	36.8
Aomori	1,283	1,418	99.3	112.7	551	369	42.6	29.3
Chiba	521	749	24.2	34.8	812	669	37.7	31.1
Ehime	415	590	27.1	39.1	576	597	37.6	39.5
Fukui	433	556	57.1	74.4	538	521	71.0	69.7
Fukuoka	1,311	1,967	36.9	57.1	1,104	895	31.1	26.0
Fukushima	833	1,123	40.1	54.6	775	641	37.3	31.2
Gifu	601	904	38.6	58.6	789	678	50.7	43.9
Gumma	381	542	23.6	33.6	784	701	48.6	43.4
Hiroshima	551	811	26.3	39.1	844	835	40.2	40.2
Hokkaido	2,395	3,238	55.4	77.4	1,421	1,129	32.8	27.0
Hyogo	1,120	1,574	33.6	48.4	1,393	1,304	41.8	40.1
Ibaraki	626	918	30.5	44.7	954	755	46.4	36.8
Ishikawa	572	792	59.3	82.9	695	376	72.1	39.4
Iwate	961	1,194	70.8	89.9	623	384	45.9	28.9
Kagawa	223	329	23.4	34.8	388	367	40.7	38.8
Kagoshima	801	1,066	44.1	59.4	914	728	50.3	40.5
Kanagawa	394	628	15.7	26.0	517	458	20.6	18.9
Kochi	185	250	21.0	28.6	383	379	43.5	43.3
Kumamoto	616	850	33.5	46.8	937	811	50.9	44.6
Kyoto	359	677	19.4	37.2	596	591	32.3	32.5
Mie	475	779	32.3	53.2	644	665	43.8	45.4
Miyagi	728	879	43.5	53.6	681	356	40.6	21.7
Miyazaki	479	558	43.6	51.7	508	447	46.2	41.5
Nagano	429	616	20.7	29.6	807	780	38.9	37.4
Nagasaki	755	959	45.6	59.4	572	455	34.5	28.2
Nara	296	450	38.5	58.0	343	359	44.6	46.3
Niigata	937	1,428	37.8	58.0	1,623	1,328	65.5	53.9
Oita	458	697	36.3	55.5	677	618	53.6	49.2
Okayama	402	555	24.0	33.3	1,001	913	59.8	54.8
Osaka	1,365	1,750	35.1	47.2	1,210	1,147	31.1	30.9
Saga	440	644	46.2	68.2	334	276	35.1	29.2
Saitama	646	930	29.9	43.2	1,270	1,036	58.7	48.1
Shiga	341	606	39.3	69.5	518	574	59.7	65.8
Shimane	278	464	30.2	50.8	407	456	44.3	49.9
Shizuoka	655	994	26.3	40.5	777	821	31.2	33.5
Tochigi	578	714	37.0	45.7	1,045	897	66.9	57.4
Tokushima	312	365	35.3	41.5	448	485	50.6	55.2
Tokyo	949	1,514	15.0	25.7	944	692	14.9	11.8
Tottori	218	315	36.1	52.5	317	283	52.4	47.2
Toyama	594	1,023	58.5	101.3	917	728	90.2	72.1
Wakayama	288	544	29.1	55.1	383	435	38.7	44.1
Yamagata	699	1,079	51.1	79.3	672	644	49.2	47.4
Yamaguchi	394	700	25.4	45.7	533	497	34.3	32.4
Yamanashi	269	396	32.9	48.4	366	332	44.8	40.6

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1945-1950 (Cont'd) (Rates per 100,000 population)

Area	12/Nephritis and nephrosis (590-594, 446, 789, 0, 789, 1, 792)				Deliveries and complications of pregnancy, childbirth and the puerperium (640-689)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	35,989	33,707	42.9	41.0	4,039	4,601	4.8	5.6
Aichi	1,122	1,010	32.9	30.3	122	149	3.6	4.5
Akita	705	675	53.5	51.8	101	125	7.7	9.6
Aomori	510	383	39.5	30.4	87	100	6.7	7.9
Chiba	1,164	1,066	54.0	49.5	88	124	4.1	5.8
Ehime	531	556	34.6	36.8	60	79	3.9	5.2
Fukui	330	273	43.5	36.5	42	47	5.5	6.3
Fukuoka	1,522	1,477	42.8	42.9	183	172	5.1	5.0
Fukushima	777	730	37.4	35.5	122	131	5.9	6.4
Gifu	582	521	37.4	33.7	82	82	5.3	5.3
Gumma	743	682	46.1	42.2	79	88	4.9	5.4
Hiroshima	801	806	38.2	38.8	83	106	4.0	5.1
Hokkaido	1,147	1,113	26.5	26.6	232	295	5.4	7.1
Ibogo	1,158	1,150	34.7	35.4	165	177	4.9	5.4
Ibaraki	1,227	1,076	59.7	52.4	110	122	5.4	5.9
Ishikawa	430	370	44.6	38.7	41	49	4.3	5.1
Iwate	674	505	49.7	38.0	114	107	8.4	8.1
Kagawa	504	417	52.9	44.1	34	45	3.6	4.8
Kagoshima	1,017	1,036	56.0	57.7	89	152	4.9	8.5
Kanagawa	869	760	34.7	31.4	107	112	4.3	4.6
Kochi	475	420	54.0	48.0	39	56	4.4	6.4
Kumamoto	1,016	869	55.2	47.8	97	123	5.3	6.8
Kyoto	575	563	31.1	30.9	69	83	3.7	4.6
Mie	525	611	35.7	41.7	60	78	4.1	5.3
Miyagi	676	616	40.4	37.6	82	88	4.9	5.4
Miyazaki	608	617	55.3	57.2	70	91	6.4	8.4
Nagano	1,037	944	50.0	45.3	81	102	3.9	4.9
Nagasaki	761	696	45.9	43.1	98	103	5.9	6.4
Nara	327	391	42.5	50.4	49	29	6.4	3.7
Niigata	1,127	1,166	45.5	47.3	117	138	4.7	5.6
Oita	666	666	52.8	53.0	67	78	5.3	6.2
Okayama	707	658	42.3	39.5	78	83	4.7	5.0
Osaka	1,608	1,564	41.4	42.2	163	188	4.2	5.1
Saga	585	573	61.4	60.7	55	50	5.8	5.3
Saitama	1,225	1,010	56.7	46.9	113	137	5.2	6.4
Shiga	379	427	43.7	49.0	35	28	4.0	3.2
Shimane	445	436	48.4	47.7	35	57	3.8	6.2
Shizuoka	983	885	39.5	36.1	109	108	4.4	4.4
Tochigi	798	670	51.1	42.8	81	91	5.2	5.8
Tokushima	415	401	46.9	45.6	55	39	6.2	4.4
Tokyo	2,241	2,039	35.5	34.7	226	263	3.6	4.5
Tottori	307	371	50.8	61.8	35	39	5.8	6.5
Toyama	498	502	49.0	49.7	41	53	4.0	5.2
Wakayama	290	264	29.3	26.7	46	37	4.6	3.7
Yamagata	717	665	52.4	48.9	75	72	5.5	5.3
Yamaguchi	731	675	47.1	44.0	83	82	5.3	5.4
Yamanashi	454	402	55.6	49.1	39	43	4.8	5.3

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Congenital malformations (750-759)				Birth injuries (760-761)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	6,555	6,641	7.8	8.1	1,302	1,165	1.6	1.4
Aichi	265	263	7.8	7.9	45	39	1.3	1.2
Akita	113	103	8.6	7.9	28	22	2.1	1.7
Aomori	122	124	9.4	9.9	10	15	0.8	1.2
Chiba	195	181	9.1	8.4	31	40	1.4	1.9
Ehime	125	137	8.2	9.1	27	28	1.8	1.9
Fukui	68	57	9.0	7.6	9	10	1.2	1.3
Fukuoka	294	263	8.3	7.6	39	37	1.1	1.1
Fukushima	209	212	10.1	10.3	36	26	1.7	1.3
Gifu	114	125	7.3	8.1	36	20	2.3	1.3
Gumma	159	176	9.9	10.9	23	21	1.4	1.3
Hiroshima	146	166	7.0	8.0	35	31	1.7	1.5
Hokkaido	387	372	8.9	8.9	52	52	1.2	1.2
Hyogo	185	211	5.5	6.5	44	35	1.3	1.1
Ibaraki	185	194	9.0	9.4	25	21	1.2	1.0
Ishikawa	79	91	8.2	9.5	20	17	2.1	1.8
Iwate	145	118	10.7	8.9	21	20	1.5	1.5
Kagawa	71	74	7.5	7.8	19	16	2.0	1.7
Kagoshima	121	126	6.7	7.0	27	22	1.5	1.2
Kanagawa	172	164	6.9	6.8	39	39	1.6	1.6
Kochi	62	59	7.0	6.7	30	24	3.4	2.7
Kumamoto	137	129	7.4	7.1	28	24	1.5	1.3
Kyoto	117	132	6.3	7.3	28	35	1.5	1.9
Mie	103	111	7.0	7.6	16	22	1.1	1.5
Miyagi	173	169	10.3	10.3	19	35	1.1	2.1
Miyazaki	94	91	8.6	8.4	14	20	1.3	1.9
Nagano	142	152	6.8	7.3	38	25	1.8	1.2
Nagasaki	121	138	7.3	8.5	27	19	1.6	1.2
Nara	45	50	5.8	6.4	9	10	1.2	1.3
Niigata	214	199	8.6	8.1	46	32	1.9	1.3
Oita	86	91	6.8	7.2	23	23	1.8	1.8
Okayama	124	125	7.4	7.5	31	25	1.9	1.5
Osaka	235	270	6.0	7.3	61	38	1.6	1.0
Saga	75	90	7.9	9.5	18	18	1.9	1.9
Saitama	208	197	9.6	9.2	38	24	1.8	1.1
Shiga	56	57	6.5	6.5	19	18	2.2	2.1
Shimane	72	62	7.8	6.8	11	10	1.2	1.1
Shizuoka	234	200	9.4	8.1	31	25	1.2	1.0
Tochigi	146	158	9.3	10.1	17	19	1.1	1.2
Tokushima	80	74	9.0	8.4	15	11	1.7	1.3
Tokyo	408	384	6.5	6.5	96	91	1.5	1.5
Tottori	46	61	7.6	10.2	11	11	1.8	1.8
Toyama	79	105	7.8	10.4	21	25	2.1	2.5
Wakayama	71	72	7.2	7.3	30	16	3.0	1.6
Yamagata	116	104	8.5	7.6	33	33	2.4	2.4
Yamaguchi	99	115	6.4	7.5	17	14	1.1	0.9
Yamanashi	57	89	7.0	10.9	9	7	1.1	0.9

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	13/Premature birth				Congenital debility (772.0, 773a)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	21,087	13,744	25.2	16.7	25,096	36,915	29.9	44.9
Aichi	829	613	24.3	18.4	904	1,641	26.5	49.3
Akita	545	333	41.3	25.5	725	1,127	55.0	86.4
Aomori	436	249	33.7	19.8	962	1,111	74.4	88.3
Chiba	749	527	34.8	24.5	666	900	30.9	41.8
Ehime	506	258	33.0	17.1	385	665	25.1	44.0
Fukui	234	157	30.9	21.0	335	486	44.2	65.0
Fukuoka	592	485	16.7	14.1	1,263	1,510	35.2	43.9
Fukushima	557	380	26.8	18.5	808	920	38.9	44.7
Gifu	478	321	30.7	20.8	484	912	31.1	59.1
Gumma	408	228	25.3	14.1	401	598	24.9	37.0
Hiroshima	421	288	20.1	13.9	485	804	23.1	38.7
Hokkaido	805	519	18.6	12.4	1,145	1,602	26.5	38.3
Hyogo	604	514	18.1	15.8	910	1,141	27.3	35.1
Ibaraki	768	520	37.4	25.3	851	1,111	41.4	54.1
Ishikawa	340	206	35.3	21.6	381	484	39.5	50.7
Iwate	646	376	47.6	28.3	589	931	43.4	70.1
Kagawa	317	169	33.3	17.9	349	561	36.6	59.3
Kagoshima	369	247	20.3	13.8	603	704	33.2	39.2
Kanagawa	350	222	14.0	9.2	391	539	15.6	22.3
Kochi	276	194	31.4	22.2	273	443	31.0	50.6
Kumamoto	426	311	23.1	17.1	587	809	31.9	44.5
Kyoto	428	300	23.2	16.5	388	654	21.0	35.9
Mie	419	286	28.5	19.5	463	696	31.5	47.5
Miyagi	446	267	26.6	16.3	584	795	34.9	48.5
Miyazaki	324	174	29.5	16.1	386	580	35.1	53.8
Nagano	494	284	23.8	13.6	318	631	15.3	30.3
Nagasaki	345	238	20.8	14.7	655	885	39.5	54.8
Nara	190	133	24.7	17.1	322	410	41.9	52.8
Niigata	586	423	23.6	17.2	613	1,033	24.7	41.9
Oita	390	209	30.9	16.6	520	710	41.2	56.5
Okayama	552	286	33.0	17.2	440	891	26.3	53.5
Osaka	682	560	17.6	15.1	931	1,371	24.0	37.0
Saga	316	171	33.2	18.1	396	665	41.6	70.5
Saitama	878	409	40.6	19.0	657	1,134	30.4	52.7
Shiga	276	169	31.8	19.4	336	477	38.7	54.7
Shimane	269	183	29.3	20.0	318	457	34.6	50.0
Shizuoka	517	332	20.8	13.5	672	1,013	27.0	41.3
Tochigi	340	225	21.8	14.4	434	598	27.8	38.2
Tokushima	285	179	32.2	20.4	334	525	37.8	59.7
Tokyo	1,022	712	16.2	12.1	921	1,342	14.6	22.8
Tottori	189	94	31.3	15.7	171	290	28.3	48.3
Toyama	367	273	36.1	27.0	386	589	38.0	58.3
Wakayama	208	162	21.0	16.4	283	341	28.6	34.5
Yamagata	452	313	33.1	23.0	578	895	42.3	65.8
Yamaguchi	324	147	20.9	9.6	314	672	20.2	43.9
Yamanashi	132	98	16.2	12.0	179	262	21.9	32.0

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Senility and senile psychosis (794, 304)				14/111-defined conditions, unknown & unspecified causes, sudden death (cause unknown) found dead (cause unknown)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	59,581	66,191	71.1	80.5	15,778	16,413	18.8	20.0
Aichi	2,329	2,664	68.2	80.0	515	524	15.1	15.7
Akita	866	1,033	65.7	79.2	289	281	21.9	21.5
Aomori	982	953	76.0	75.7	328	374	25.4	29.7
Chiba	2,265	2,168	105.1	100.7	473	450	22.0	20.9
Ehime	1,704	1,762	111.2	116.7	280	289	18.3	19.1
Fukui	715	889	94.4	118.9	180	243	23.8	32.5
Fukuoka	2,250	2,333	63.3	67.8	599	651	16.8	18.9
Fukushima	1,603	1,591	77.2	77.4	404	435	19.4	21.1
Gifu	989	1,385	63.6	89.7	245	272	15.7	17.6
Gunma	1,044	1,134	64.7	70.2	254	260	15.7	16.1
Hiroshima	1,866	2,023	89.0	97.4	345	340	16.5	16.4
Hokkaido	1,893	2,248	43.8	53.7	955	1,173	22.1	28.0
Hyogo	2,404	2,500	72.1	76.9	688	640	18.8	19.7
Ibaraki	1,890	1,861	92.0	90.6	373	404	18.2	19.7
Ishikawa	1,046	1,070	108.5	112.0	159	178	16.5	18.6
Iwate	720	1,099	53.1	82.7	305	312	22.5	23.5
Kagawa	907	1,054	95.2	111.4	294	289	30.9	30.6
Kagoshima	1,377	1,645	75.8	91.6	295	299	16.2	16.6
Kanagawa	1,388	1,386	55.4	57.3	466	445	18.6	18.4
Kochi	1,142	1,178	129.7	134.6	168	187	19.1	21.4
Kumamoto	1,631	1,686	88.6	92.8	281	292	15.3	16.1
Kyoto	1,336	1,408	72.4	77.4	250	283	13.5	15.6
Mie	1,343	1,251	91.2	85.4	323	334	21.9	22.8
Miyagi	1,000	1,048	59.7	63.9	280	301	16.7	18.4
Miyazaki	779	923	70.9	85.6	190	171	17.3	15.9
Nagano	1,140	1,716	54.9	82.4	343	382	16.5	18.3
Nagasaki	1,533	1,688	92.5	104.5	314	286	18.9	17.7
Nara	752	709	97.8	91.4	177	234	23.0	30.2
Niigata	1,491	1,716	60.1	69.7	448	504	18.1	20.5
Oita	1,260	1,493	99.8	118.8	253	248	20.0	19.7
Okayama	1,220	1,967	72.9	118.1	246	292	14.7	17.5
Osaka	1,872	1,995	48.2	53.8	588	662	15.1	17.9
Saga	749	847	78.7	89.7	187	202	19.6	21.4
Saitama	1,388	1,762	64.2	81.9	362	429	16.7	19.9
Shiga	629	870	72.5	99.7	184	185	21.2	21.2
Shimane	1,012	962	110.1	105.3	184	143	20.0	15.7
Shizuoka	1,586	1,850	63.7	75.4	542	436	21.8	17.8
Tochigi	1,185	1,212	75.9	77.5	362	305	23.2	19.5
Tokushima	933	1,025	105.5	116.6	228	209	25.8	23.8
Tokyo	2,649	2,559	41.9	43.5	1,252	1,121	19.8	19.1
Tottori	584	727	96.6	121.1	69	81	11.4	13.5
Toyama	621	661	61.1	65.5	254	254	25.0	25.2
Yakayama	1,076	966	108.8	97.9	235	252	23.8	25.5
Yamagata	808	1,007	59.1	74.0	231	266	16.9	19.6
Yamaguchi	1,137	1,577	73.3	102.9	290	319	18.7	20.8
Yamanashi	487	590	59.6	72.1	150	176	18.4	21.5

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSE BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Accidents and poisonings (E800-E962)				Suicide and self-inflicted injury (E963, E970-E979)			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	33,240	34,259	39.7	41.7	16,334	14,201	19.5	17.3
Aichi	1,126	1,163	33.0	34.9	783	578	22.9	17.4
Akita	518	595	39.3	45.6	228	199	17.3	15.3
Aomori	509	490	39.4	38.9	160	131	12.4	10.4
Chiba	733	722	34.0	33.5	420	382	19.5	17.7
Ehime	616	776	40.2	51.4	273	239	17.8	15.8
Fukui	323	419	42.6	56.1	176	160	23.2	21.4
Fukuoka	1,717	1,855	48.3	53.9	634	537	17.8	15.6
Fukushima	931	934	44.8	45.4	302	254	14.5	12.3
Gifu	566	613	36.4	39.7	376	340	24.2	22.0
Gurra	609	633	37.8	39.2	328	318	20.3	19.7
Hiroshima	970	920	46.3	44.3	407	372	19.4	17.9
Hokkaido	2,386	2,231	55.1	53.3	649	546	15.0	13.1
Hyogo	1,482	1,360	44.5	41.8	745	693	22.3	21.3
Ibaraki	657	695	32.0	33.8	249	262	12.1	12.8
Ishikawa	386	396	40.0	41.5	167	165	17.3	17.3
Iwate	619	682	45.6	51.3	239	194	17.6	14.6
Kagawa	428	440	44.9	46.5	204	146	21.4	15.4
Kagoshima	633	825	34.8	45.9	259	221	14.3	12.3
Kenagawa	1,073	1,083	42.8	44.8	558	423	22.3	17.5
Kochi	404	399	45.9	45.6	160	130	18.2	14.9
Kumamoto	633	752	34.4	41.4	268	233	14.6	12.8
Kyoto	581	577	31.5	31.7	539	479	29.2	26.3
Mie	454	513	30.8	35.0	314	251	21.3	17.1
Miyagi	698	669	41.7	40.8	211	173	12.6	10.6
Miyazaki	464	469	42.2	43.5	173	151	15.7	14.0
Nagano	754	793	36.3	38.1	489	509	23.6	24.4
Nagasaki	702	825	42.4	51.1	211	186	12.7	11.5
Nara	208	267	27.0	34.4	173	168	22.5	21.7
Niigata	1,064	1,030	42.9	41.8	594	499	24.0	20.3
Oita	497	627	39.4	49.9	285	221	22.6	17.6
Okayama	695	683	41.5	41.0	298	280	17.8	16.8
Osaka	1,608	1,260	41.4	34.0	716	710	18.4	19.1
Saga	427	531	44.9	56.3	146	125	15.3	13.2
Saitama	666	670	30.8	31.1	434	328	20.1	15.2
Shiga	321	265	37.0	30.4	229	219	26.4	25.1
Shimane	368	400	40.0	43.8	174	166	18.9	18.2
Shizuoka	861	885	34.6	36.1	572	474	23.0	19.3
Tochigi	515	564	33.0	36.1	295	262	18.9	16.8
Tokushima	385	396	43.5	45.0	158	167	17.9	19.0
Tokyo	1,902	1,883	30.1	32.0	1,378	1,130	21.8	19.2
Tottori	231	233	38.2	38.8	93	87	15.4	14.5
Toyama	492	564	48.4	55.9	204	202	20.1	19.8
Wakayama	365	342	36.9	34.7	303	242	30.6	24.5
Yamagata	562	579	41.1	42.6	245	250	17.9	18.4
Yamaguchi	793	899	51.1	58.7	346	297	22.3	19.4
Yamanashi	308	352	37.7	43.0	169	104	20.7	12.7

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Area	Homicide and injury purposely inflicted by another person not in war (E964, E980-E984)				All other causes			
	Number		Rate		Number		Rate	
	*1950	1949	*1950	1949	*1950	1949	*1950	1949
All Japan	1,853	1,718	2.2	2.1	126,494	124,167	150.9	151.1
Aichi	57	61	1.7	1.8	4,566	4,459	133.7	134.0
Akita	30	21	2.3	1.6	1,920	2,062	145.6	158.1
Aomori	22	19	1.7	1.5	2,181	2,146	168.8	170.6
Chiba	53	87	2.5	4.0	3,449	3,305	160.1	153.5
Ehime	46	29	3.0	1.9	2,603	2,558	169.8	169.3
Fukui	14	11	1.8	1.5	1,543	1,399	203.6	187.2
Fukuoka	127	134	3.6	3.9	5,511	5,190	155.0	150.8
Fukushima	38	34	1.8	1.7	3,028	2,906	145.8	141.3
Gifu	19	32	1.2	2.1	2,505	2,431	161.0	157.5
Gumma	28	31	1.7	1.9	2,418	2,546	149.9	157.7
Hiroshima	32	38	1.5	1.8	3,574	3,320	170.4	159.9
Hokkaido	93	86	2.1	2.1	5,315	5,734	122.8	137.1
Hyogo	60	73	2.4	2.2	4,807	4,656	144.2	143.1
Ibaraki	53	55	2.6	2.7	3,425	3,387	166.7	164.9
Ishikawa	19	16	2.0	1.7	1,910	2,013	198.1	210.7
Iwate	21	27	1.5	2.0	2,119	2,247	156.2	169.1
Kagawa	16	22	1.7	2.3	1,697	1,616	178.1	170.9
Kagoshima	31	18	1.7	1.0	3,557	3,277	195.7	182.5
Kanagawa	58	58	2.3	2.4	2,679	2,547	106.9	105.4
Kochi	23	22	2.6	2.5	1,591	1,564	180.8	178.7
Kumamoto	57	66	3.1	3.6	3,468	3,166	188.4	174.2
Kyoto	45	36	2.4	2.0	2,564	2,484	138.9	136.5
Mie	27	33	1.8	2.3	2,635	2,547	179.0	173.9
Miyagi	26	28	1.6	1.7	2,082	2,231	124.3	136.1
Miyazaki	25	13	2.3	1.2	1,924	1,821	175.0	168.9
Nagano	38	45	1.8	2.2	2,987	2,969	143.9	142.5
Nagasaki	57	36	3.4	2.2	3,212	3,047	193.8	188.6
Nara	12	10	1.6	1.3	1,195	1,215	155.3	156.6
Niigata	29	27	1.2	1.1	3,779	3,968	152.4	161.1
Oita	42	19	3.3	1.5	2,524	2,487	200.0	197.9
Okayama	24	24	1.4	1.4	3,013	2,823	180.1	169.5
Osaka	88	61	2.3	1.6	4,322	4,369	111.3	117.8
Saga	28	23	2.9	2.4	1,841	1,778	193.4	188.4
Saitama	44	45	2.0	2.1	3,280	3,264	151.7	151.7
Shiga	19	16	2.2	1.8	1,730	1,689	199.4	193.6
Shimane	15	15	1.6	1.6	1,678	1,548	182.6	169.5
Shizuoka	66	48	2.7	2.0	3,613	3,553	145.1	144.8
Tochigi	42	32	2.7	2.0	2,477	2,332	156.7	149.1
Tokushima	18	14	2.0	1.6	1,699	1,584	192.0	180.2
Tokyo	156	143	2.5	2.4	6,131	5,706	97.0	97.0
Tottori	5	12	0.8	2.0	896	932	148.2	155.3
Toyama	13	9	1.3	0.9	1,712	1,906	168.5	188.8
Nakayama	23	13	2.3	1.3	1,577	1,652	159.4	167.4
Yamagata	31	22	2.3	1.6	2,060	2,045	150.7	150.4
Yamaguchi	43	41	3.1	2.7	2,436	2,337	156.9	152.5
Yamanashi	15	13	1.8	1.6	1,291	1,351	158.0	165.1

See footnotes at end of table.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Footnotes:

* Date are provisional

- 1/ Data refer to deaths of Japanese nationals in Japan. Rates are the number of deaths per 100,000 population, per annum, estimated as of 1 July each year (See population, Table 1.).
- 2/ Tuberculosis, all forms. 1949: excludes pleurisy with effusion without mention of cause, includes spondylitis. 1950: includes pleurisy with effusion without mention of cause, excludes spondylitis.
- 2/ Tuberculosis of the respiratory system. 1949: excludes pleurisy with effusion without mention of cause. 1950: includes pleurisy with effusion without mention of cause.
- 4/ Syphilis and its sequelae. 1949: includes paresis not otherwise specified. 1950: excludes paresis not specified.
- 5/ Japanese "B" encephalitis. 1949: includes late effects. 1950: excludes late effects.
- 6/ Diabetes mellitus. 1949: includes bronzed diabetes renal diabetes. 1950: excludes bronzed diabetes and renal diabetes.
- 7/ Meningitis except meningococcal and tuberculous. 1949: includes deaths specified as late effects or sequelae, excludes influenzal meningitis. 1950: excludes deaths specified as late effects or sequelae, includes influenzal meningitis.
- 8/ Heart diseases. 1949: includes all acute pericarditis not specified as rheumatic, excludes hypertensive heart disease with arteriolar nephrosclerosis, rheumatic endocarditis under 45 years, and rheumatic myocarditis at 45 years and over. 1950: excludes acute pericarditis unless specified as non-rheumatic, includes hypertensive heart disease with arteriolar nephrosclerosis, rheumatic endocarditis (all ages), and rheumatic myocarditis (all ages).
- 9/ Influenza. 1949: includes influenzal meningitis. 1950: excludes influenzal meningitis.
- 10/ Empyema and pleurisy. 1949: includes pleurisy with effusion without mention of cause. 1950: excludes pleurisy with effusion without mention of cause.
- 11/ Enteritis and colitis, ulceration of the intestines and diarrhea. - all ages includes International Code Numbers: 571, 572, 578a, 578b, 764, 785.6. Enteritis and colitis, ulceration of the intestines and diarrhea - under 2 years includes International Code Numbers: 571, 572, 578a, 764. Enteritis and colitis, ulceration of the intestines and diarrhea - 2 years and over includes International Code Numbers: 571, 572, 578b, 785.6.
1949: includes mucous colitis, duodenitis, and gastroduodenitis.
1950: excludes mucous colitis, duodenitis and gastroduodenitis.
- 12/ Nephritis and nephrosis. 1949: includes all arteriolar nephrosclerosis and all albuminuria, excludes nephrosis not a complication of nephritis. 1950: excludes hypertensive heart disease with arteriolar nephrosclerosis and albuminuria under 1 year of age, includes all nephrosis.
- 13/ Premature birth includes International Code Numbers: 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776.

TABLE 10. -1/DEATHS AND DEATH RATES FOR SELECTED CAUSES BY PREFECTURE:
JAPAN, 1949-1950 (Cont'd) (Rates per 100,000 population)

Footnotes - Cont'd:

14/ Ill-defined conditions, sudden death, found dead, unknown and unspecified causes includes International Code Numbers: 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3-784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795x, 795.1-795.5.

A dash (-) indicates that no deaths were reported.

A rate of 0.0 indicates that there were some deaths but that the rate was less than 0.05.

There were no deaths during 1949-1950 from cholera, plague, anthrax, or yellow fever.

There were no deaths during 1950 from glanders but one death was reported during 1949 in Miyagi Prefecture.

Sources:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original death date: 1949, Final Annual Schedule Report, Ministry of Welfare. 1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 11. -1/DEATHS, DEATH RATES, AND RANK ORDER FOR THE TEN LEADING CAUSES OF
DEATH: JAPAN, 1949 - 1950
(Rates per 100,000 population)

List No.	Cause of Death	Number		Rate		Rank Order	
		*1950	1949	*1950	1949	*1950	1949
001-019	Total of the ten leading causes	613,939	648,754				
2/	Tuberculosis (all forms)	122,099	138,113	145.7	168.0	1	1
	Vascular lesions affecting the central nervous system	106,011	100,278	126.5	122.0	2	2
3/	Enteritis, colitis, ulceration of the intestines and diarrhea (all ages)	63,618	71,546	75.9	87.0	3	3
4/	Malignant neoplasms	61,783	58,769	73.7	71.5	4	5
	Senility and senile psychosis	59,581	66,191	71.1	80.5	5	4
	Pneumonia (including pneumonia of the newborn)	54,678	56,213	65.2	68.4	6	6
4/	Heart diseases	51,844	52,763	61.9	64.2	7	7
5/	Nephritis and nephrosis	35,989	33,707	42.9	41.0	8	10
	Accidents and poisonings	33,240	34,259	39.7	41.7	9	9
	Congenital debility	25,096	36,915	29.9	44.9	10	8

See footnotes on the next page.

TABLE 11. - 1/ DEATHS, DEATH RATES, AND RANK ORDER FOR THE TEN LEADING CAUSES OF
DEATH: JAPAN, 1949 - 1950 Cont'd
(Rates per 100,000 population)

FOOTNOTES:

*Data are provisional.

- 1/ Data refer to deaths of Japanese nationals in Japan. Rates are per 100,000 population estimated as of 1 July each year.
- 2/ Tuberculosis, all forms. 1949: excludes pleurisy with effusion without mention of cause, includes spondylitis. 1950: includes pleurisy with effusion without mention of cause, excludes spondylitis.
- 3/ Enteritis, colitis, ulceration of the intestines and diarrhea (all ages). 1949: includes mucous colitis, duodenitis, and gastro-duodenitis. 1950: excludes mucous colitis, duodenitis and gastro-duodenitis.
- 4/ Heart diseases. 1949: includes all acute pericarditis not specified as rheumatic, excludes hypertensive heart disease with arteriolar nephrosclerosis, rheumatic endocarditis under 45 years, and rheumatic myocarditis at 45 years and over. 1950: excludes acute pericarditis unless specified as non-rheumatic, includes hypertensive heart disease with arteriolar nephrosclerosis, rheumatic endocarditis (all ages), and rheumatic myocarditis (all ages).
- 5/ Nephritis and nephrosis. 1949: includes all arteriolar nephrosclerosis and all albuminuria, excludes nephrosis not a complication of nephritis. 1950: excludes hypertensive heart disease with arteriolar nephrosclerosis and albuminuria under 1 year of age, includes all nephrosis.

SOURCES:

Rates were computed by Public Health and Welfare Section, CHS, SCAP. Sources of original death data: 1949, Final Annual Schedule Report, Ministry of Welfare. 1950: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 12. - DEATHS AND DEATH RATES BY FIVE YEAR AGE GROUPS:
JAPAN, 1949-1950

Age Group	Number		Rate (per 1,000 pop.)	
	*1950	1949	*1950	1949
All Ages	908,782	945,444	10.8	11.4
0-4	223,946	257,743	20.3	24.4
5-9	19,998	21,668	2.1	2.2
10-14	10,339	11,539	1.2	1.3
15-19	21,472	25,133	2.5	2.9
20-24	36,124	44,441	4.6	5.8
25-29	33,096	37,578	5.3	6.2
30-34	26,600	30,422	5.1	5.9
35-39	28,364	31,158	5.6	6.2
40-44	29,503	30,974	6.5	7.0
45-49	34,082	35,294	8.4	8.7
50-54	40,465	40,596	11.7	12.0
55-59	48,533	48,198	17.5	17.8
60 & Over	355,602	330,404	55.0	52.5
Unknown	658	296		

* Data are provisional.

Data refer to deaths of Japanese Nationals in Japan. Rates are per 1,000 population estimated as of 1 October each year. (Table 2.)

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Source of original death data:

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

1949, Final Annual Schedule Report, Ministry of Welfare.

Source of population data:

Institute of Population Problems, Ministry of Welfare.

TABLE 13. - 1/DEATHS AND DEATH RATES FOR TUBERCULOSIS (ALL FORMS)
BY FIVE YEAR AGE GROUPS: JAPAN, 1949-1950

Age Group	Number		Rate (per 100,000 pop.)	
	*1950	1949	*1950	1949
All Ages	122,099	138,113	145.4	167.2
0-4	7,100	7,160	64.4	67.7
5-9	2,969	3,153	30.8	32.0
10-14	2,417	2,781	27.4	31.7
15-19	9,807	12,510	112.6	145.4
20-24	19,698	25,992	249.8	336.6
25-29	18,167	21,476	290.2	355.7
30-34	12,871	15,433	245.7	301.7
35-39	11,117	12,556	219.9	249.0
40-44	8,857	9,444	193.6	212.0
45-49	7,436	7,662	182.6	189.2
50-54	6,402	6,432	184.7	190.6
55-59	5,415	5,288	195.1	195.2
60 & Over	9,804	8,213	151.6	130.6
Unknown	39	13		

* Data are provisional.

1/ Tuberculosis, all forms, (001-019). 1949: excludes pleurisy with effusion without mention of cause, includes spondylitis. 1950: includes pleurisy with effusion without mention of cause, excludes spondylitis.

Data refer to deaths of Japanese Nationals in Japan.

Rates are per 100,000 population estimated as of 1 October each year. (Table 2.)

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Source of original death data:

1949, Final Annual Schedule Report, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

Source of population data: Institute of Population Problems, Ministry of Welfare.

TABLE 14.-
1/ LIVE BIRTHS, MATERNAL DEATHS AND MATERNAL DEATH RATES BY MONTH: JAPAN 1948 - 1950

Month	Live Births		Maternal Deaths (640-689)		Maternal Death Rates per 1,000 Live Births each month	
	*1950	1948	*1950	1948	*1950	1948
Annual	2,356,765	2,681,624	4,039	4,437	1.7	1.7
Jan.	258,129	319,851	373	441	1.4	1.3
Feb.	221,819	257,255	376	375	1.7	1.7
Mar.	217,517	252,681	369	415	1.7	1.6
Apr.	189,292	219,661	294	354	1.6	1.6
May	173,098	197,430	322	354	1.9	1.7
Jun.	165,529	184,956	294	337	1.8	1.7
Jul.	186,208	203,628	306	359	1.6	1.7
Aug.	192,572	212,708	379	434	2.0	1.9
Sep.	192,972	212,970	349	377	1.8	1.8
Oct.	189,370	218,430	300	381	1.6	1.7
Nov.	186,468	217,027	319	347	1.7	1.4
Dec.	185,791	187,360	358	360	1.9	1.9

Footnotes:

* Data are provisional.

1/ Data refer to events to Japanese nationals in Japan, Rates are per 1,000 live births in the corresponding period.

SOURCES:

Rates were computed by Public Health and Welfare Section, CHQ, SCAP.
Sources of original data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.
1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
<u>Tuberculosis (All Forms) - (001-019)</u>														
Numbers														
1950*	528,324	25,456	31,267	31,723	3/46,889	37,569	41,579	3/51,913	39,781	3/69,714	58,611	44,218	3/49,604	-
1949	469,504	3/30,296	32,208	32,831	3/46,771	41,818	42,258	3/50,398	37,285	40,587	3/46,883	30,592	3/37,577	-
1948	378,851	3/22,429	23,301	27,311	32,268	3/42,053	34,937	3/41,104	32,294	33,375	3/37,469	25,106	27,204	-
1947	NA	NA	NA	3/27,236	27,567	3/41,039	34,718	3/36,659	3/42,739	33,236	27,137	3/28,604	20,151	260
Rates														
1950*	632.2	396.0	486.4	493.5	3/583.5	584.4	646.8	3/646.0	618.8	3/867.6	911.7	687.8	3/617.3	-
1949	571.2	3/390.7	519.2	529.2	3/603.1	674.1	681.2	3/649.9	661.0	654.2	3/604.6	493.1	3/484.6	-
1948	475.0	3/292.4	379.8	445.1	525.9	3/548.3	569.4	2/535.9	526.3	544.0	3/488.6	409.2	443.4	-
1947	NA	NA	NA	3/364.1	460.7	3/548.7	580.2	562.5	3/571.4	595.5	453.5	3/382.4	336.8	-
<u>Syphilis (020-029)</u>														
Numbers														
1950*	121,386	8,241	10,855	11,039	3/13,276	9,872	10,190	3/11,864	8,563	3/11,273	8,896	7,996	3/9,321	-
1949	188,204	3/15,607	16,603	17,000	3/20,171	16,810	16,657	3/18,056	11,870	13,424	3/17,035	10,970	3/14,011	-
1948	214,466	3/14,615	17,230	21,480	23,719	3/24,125	16,949	3/18,955	13,893	15,425	3/18,618	14,626	14,831	-
1947	147,853	6,851	9,634	3/13,410	10,803	3/15,632	12,661	12,072	3/14,052	12,681	12,710	3/14,866	12,433	8
Rates														
1950*	145.3	128.2	168.9	171.7	3/165.2	153.6	158.5	3/147.6	133.2	3/140.3	138.4	124.4	3/116.0	-
1949	229.0	3/201.3	267.6	274.0	260.1	271.0	268.5	3/232.8	151.3	216.4	3/219.7	176.8	3/180.5	-
1948	268.9	3/190.6	280.8	350.1	386.6	3/314.6	276.2	3/247.2	226.4	251.4	3/242.8	238.4	241.7	-
1947	190.1	115.2	161.0	3/179.3	180.5	3/209.0	211.6	201.8	3/187.9	211.9	212.4	3/198.8	207.8	-
<u>Gonorrhea (030-035)</u>														
Numbers														
1950*	178,102	11,146	12,972	12,821	3/17,032	13,509	14,663	3/17,698	13,633	3/18,743	15,236	13,485	3/17,204	-
1949	181,187	3/14,992	14,191	13,906	3/18,121	15,098	15,713	3/18,138	13,698	14,754	3/16,713	11,580	3/14,883	-
1948	217,956	3/18,420	18,076	22,309	24,798	3/25,928	16,887	3/19,111	13,729	14,950	3/17,254	13,464	13,090	-
1947	212,108	11,756	14,306	3/18,980	15,006	3/22,447	18,166	18,317	3/21,838	18,215	17,275	3/20,221	15,655	-74
Rates														
1950*	213.1	173.4	201.8	199.4	212.0	210.1	228.1	3/219.7	212.1	3/233.2	237.0	209.8	3/214.1	-
1949	220.4	3/193.3	228.7	224.2	233.7	243.4	253.3	3/233.9	211.1	3/237.8	3/215.5	186.7	3/191.9	-
1948	273.3	3/240.2	294.6	363.6	404.2	3/338.1	275.2	3/249.2	223.8	243.7	3/225.0	219.4	212.4	-
1947	272.7	196.5	239.1	3/253.8	250.8	3/300.1	303.6	306.1	3/292.0	304.4	288.7	3/270.4	261.6	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
Chancroid - (036)														
Numbers														
1950*	15,806	1,242	1,308	1,317	2/1,564	1,113	1,210	2/1,430	1,035	2/1,625	1,282	1,250	2/1,430	-
1949	22,051	3/2,482	2,352	2,018	3/2,282	1,798	1,723	3/1,914	1,283	1,532	3/1,795	1,332	2/1,519	-
1948	36,426	3/3,472	3,528	4,551	4,427	3/3,928	2,346	3/2,490	1,951	2,283	3/2,920	2,313	2,217	-
1947	40,722	2,860	3,382	3/4,240	3,046	3/4,117	3,207	2,958	3/3,580	3,209	3,140	3/3,866	3,099	18
Rates														
1950*	18.9	19.3	20.3	20.5	3/19.5	17.3	18.8	3/17.8	16.1	3/20.2	19.9	19.4	3/17.8	-
1949	26.8	3/32.0	37.9	32.5	3/29.4	29.0	27.8	3/24.7	20.7	25.0	3/23.1	21.5	19.6	-
1948	45.7	3/45.3	57.5	74.2	72.2	3/51.2	38.2	3/32.5	31.8	37.2	3/38.1	37.7	36.1	-
1947	52.4	47.8	56.5	3/56.7	50.9	3/55.0	53.6	49.4	3/47.9	53.6	52.5	3/51.7	51.8	-
Lymphogranuloma Venereum (037)														
Numbers														
1950*	490	42	47	47	3/59	24	43	3/41	28	3/45	32	35	3/47	-
1949	644	2/63	50	53	2/92	48	54	3/63	50	39	3/38	41	2/53	-
1948	4/707	62	65	77	73	68	58	74	54	40	44	45	47	-
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	2/NA	NA	NA
Rates														
1950*	0.6	0.7	0.7	0.7	3/0.7	0.4	0.7	3/0.5	0.4	3/0.6	0.5	0.5	3/0.6	-
1949	0.8	0.8	3/0.8	0.9	3/1.2	0.8	0.9	3/0.8	0.8	0.6	3/0.5	0.7	3/0.7	-
1948	4/0.9	0.9	1.0	1.1	1.1	1.0	0.9	1.1	0.8	0.6	0.6	0.7	0.7	-
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Typhoid Fever (040)														
Numbers														
1950*	4,884	277	218	205	3/307	446	566	3/785	716	3/608	290	214	3/252	-
1949	6,489	3/524	375	249	3/327	354	605	3/872	865	781	3/684	376	3/477	-
1948	9,426	3/553	403	358	425	3/928	802	3/1,596	1,244	1,013	3/855	548	661	-
1947	17,820	1,100	828	3/817	733	3/1,372	1,280	1,733	3/3,812	2,767	1,487	3/1,196	698	-3
Rates														
1950*	5.8	4.3	3.4	3.2	3/3.8	6.9	8.8	3/9.8	11.1	3/7.6	4.5	3.3	3/3.1	-
1949	7.9	3/6.8	6.0	4.0	3/4.2	5.7	9.8	3/11.2	13.9	16.5	3/8.8	6.1	3/6.2	-
1948	11.8	3/7.2	6.6	5.8	6.9	2/12.1	13.1	3/20.8	20.3	12.5	3/11.7	8.9	10.8	-
1947	22.9	18.4	13.8	3/10.9	12.3	3/18.3	21.4	29.0	3/51.0	46.2	24.9	3/16.0	11.7	-

TABLE 15. - $\frac{1}{2}$ /CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
<u>Paratyphoid Fever (041)</u>														
<u>Number</u>														
1950*	1,709	80	60	59	71	160	185	353	246	234	104	84	73	-
1949	2,226	2/219	117	96	3/118	124	252	3/318	319	244	2/175	119	3/125	-
1948	2,892	3/191	117	109	145	3/321	298	3/458	401	311	3/248	120	173	-
1947	4,735	224	185	3/234	240	3/332	398	559	3/979	685	418	3/275	201	5
<u>Rate</u>														
1950*	2.0	1.2	0.9	0.9	0.9	2.5	2.9	4.4	3.8	2.9	1.6	1.3	0.9	-
1949	2.7	2.8	1.9	1.5	1.5	2.0	4.1	4.1	5.1	3.9	2.3	1.9	1.6	-
1948	3.6	3/2.5	1.9	1.8	2.4	3/4.2	4.9	3/6.0	6.5	5.1	3/3.2	2.0	2.8	-
1947	6.1	3.7	3.1	3/3.1	4.0	3/4.4	6.7	9.3	3/13.1	11.4	7.0	3/3.7	3.4	-
<u>Dysentery (All Forms) (045-046)</u>														
<u>Number</u>														
1950*	49,739	272	344	405	3/823	1,821	3,483	3/11,918	12,592	3/11,559	3,806	1,648	3/1,069	-
1949	24,001	3/168	137	218	3/312	549	1,286	3/4,883	7,055	5,371	3/3,000	593	3/429	-
1948	14,628	3/126	154	292	290	3/600	1,093	3/3,852	3,925	2,547	3/1,228	342	179	-
1947	39,249	232	229	3/354	352	3/1,091	1,703	5,958	3/17,331	7,344	3,320	2/1,087	251	-3
<u>Rate</u>														
1950*	59.5	4.2	5.4	6.3	3/10.2	28.3	54.2	3/148.3	195.9	3/143.8	59.2	25.6	3/13.3	-
1949	29.2	3/2.2	2.2	3.5	3/4.0	8.8	20.7	3/63.0	113.7	86.6	3/38.7	9.6	3/5.5	-
1948	18.3	3/1.6	2.5	4.8	4.7	3/7.8	17.8	3/50.2	64.0	41.5	3/16.0	5.6	2.9	-
1947	50.5	3.9	3.8	3/4.7	5.9	3/14.6	28.5	99.6	3/231.7	122.7	55.5	3/14.5	4.2	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 Population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Unknown
Scarlet Fever (050)														
Numbers														
1950*	5,133	375	316	276	3,475	590	868	3,554	242	3,268	234	431	3,504	-
1949	4,667	3,518	317	316	3,438	480	493	3,426	208	191	3,319	994	3,567	-
1948	2,924	3,290	168	164	253	3,359	230	3,287	154	151	3,229	249	390	-
1947	2,635	182	175	3,227	210	3,416	245	179	3,223	155	142	3,298	179	4
Rates														
1950*	6.1	5.8	4.9	4.3	3,5,9	9.2	13.5	3,6,9	3.8	3,3,3	3.6	6.7	3,6,3	-
1949	5.7	3,6,7	5.1	5.1	3,5,6	7.7	7.9	3,5,5	3.4	3.1	3,4,1	6.4	3,7,3	-
1948	3.7	3,3,8	2.7	2.7	4.1	3,4,7	3.7	3,3,7	2.5	2.5	3,3,0	4.1	6.4	-
1947	3.4	3.0	2.9	3,3,0	3.5	3,5,6	4.1	3.0	3,3,0	2.6	2.4	3,4,0	3.0	-
Diphtheria (055)														
Numbers														
1950*	12,575	1,189	1,276	1,112	3,1,209	810	749	3,716	454	3,906	1,129	1,312	3,1,713	-
1949	14,825	1,849	1,597	1,468	3,1,568	1,066	875	3,875	542	591	3,1,273	1,324	3,1,797	-
1948	16,198	2,101	1,596	1,590	1,401	3,1,510	927	3,796	594	799	3,1,713	1,565	1,666	-
1947	26,346	2,610	2,662	3,3,651	2,800	3,3,201	2,189	1,486	3,1,346	1,433	1,909	3,2,892	2,027	-63
Rates														
1950*	15.0	18.5	19.8	17.3	3,15,0	12.6	11.7	3,8,9	7.1	3,11,3	17.6	20.4	3,21,3	-
1949	18.0	3,23,8	25.7	23.7	3,20,2	17.2	14.1	3,11,3	8.7	9.5	3,06,4	21.3	3,23,2	-
1948	20.3	3,27,4	26.0	25.9	22.8	3,19,7	15.1	3,9,6	9.7	13.0	3,22,3	25.5	27.2	-
1947	36.4	47.0	44.5	3,48,8	46.8	3,42,8	36.6	24.8	3,18,0	23.9	31.9	3,38,7	38.9	-
Whooping Cough (056)														
Numbers														
1950*	122,733	9,777	11,792	9,614	3,12,324	10,537	12,192	3,18,285	12,652	10,747	4,995	3,940	3,5,878	-
1949	126,827	3,5,446	6,166	5,526	3,7,650	9,167	13,239	3,20,926	17,884	15,556	3,9,557	5,990	3,10,390	-
1948	52,791	3,3,909	3,260	2,708	3,1,23	3,4,506	5,184	3,8,511	6,779	4,735	3,3,692	2,540	3,844	-
1947	NA	NA	NA	3,22,675	18,778	3,24,496	20,625	22,230	3,21,510	10,028	4,658	3,3,730	3,162	89
Rates														
1950*	146.9	152.1	183.4	149.6	3,153,4	163.9	189.7	3,227,5	196.8	133.7	77.7	61.3	3,73,1	-
1949	154.3	3,70,2	99.2	89.1	3,96,6	147.8	213.4	3,269,8	286.3	250.8	3,123,2	86.9	3,133,2	-
1948	66.2	3,51,0	53.1	44.1	50.9	3,58,8	84.5	3,111,0	110.5	77.2	3,48,1	44.4	62.7	-
1947	NA	NA	NA	3,303,2	313,8	3,327,5	344.7	371.5	3,287,6	167.6	77.8	3,49,9	52.8	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
Epidemic Meningitis (057)														
Numbers														
1950*	1,192	85	90	99	3/130	69	70	3/84	206	3/165	57	50	3/87	-
1949	1,467	3/112	109	159	3/189	122	91	3/126	164	187	3/137	57	3/74	-
1948	2,035	3/161	177	258	261	3/200	126	3/139	289	171	2/112	59	82	-
1947	3,371	153	282	3/642	613	3/511	237	189	3/283	186	144	3/108	94	-11
Rates														
1950*	1.4	1.3	1.4	1.5	3/1.9	1.1	1.1	3/1.0	3.2	3/2.1	0.9	0.8	3/1.1	-
1949	1.8	3/1.4	1.8	2.6	3/2.4	2.0	1.5	3/1.6	1.7	3.0	3/1.8	0.9	3/1.0	-
1948	2.6	3/2.1	2.9	4.2	4.3	3/2.6	2.1	3/1.8	4.7	2.8	3/1.5	1.0	1.3	-
1947	4.3	2.6	4.7	3/8.6	10.2	3/6.8	4.0	3.2	3/3.0	3.1	2.4	3/1.4	1.6	-
Leprosy (060)														
Numbers														
1950*	605	30	31	56	3/76	56	67	3/46	49	3/66	49	32	3/47	-
1949	782	2/49	58	50	2/103	74	82	3/101	48	43	3/50	60	3/64	-
1948	708	3/25	41	54	82	3/86	51	3/72	86	51	3/40	41	49	-
1947	NA	NA	NA	3/NA	NA	3/56	53	75	3/93	59	32	3/26	82	-
Rates														
1950*	0.7	0.5	0.5	3/0.9	3/0.9	0.9	1.0	3/0.6	0.8	3/0.8	0.8	0.5	3/0.6	-
1949	1.0	3/0.6	0.5	3/0.8	3/1.3	1.2	1.3	3/1.3	0.8	0.7	3/0.6	1.0	3/0.8	-
1948	0.9	3/0.3	0.7	0.9	1.3	3/1.1	1.3	3/0.9	1.4	0.8	3/0.5	0.7	0.8	-
1947	NA	NA	NA	3/NA	NA	3/0.7	0.9	1.3	3/1.2	1.0	0.5	3/0.3	1.4	-

TABLE 15. - $\frac{1}{2}$ CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd.

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	$\frac{2}{2}$ /Unknown
<u>Tetanus (061)</u>														
<u>Numbers</u>														
1950*	1,913	112	91	122	3/170	154	205	3/202	186	3/203	163	145	3/150	-
1949	2,199	3/167	135	128	3/178	184	192	3/241	190	209	3/221	173	3/181	-
1948	1,947	3/134	111	117	147	3/229	165	3/211	197	149	3/173	154	160	-
1947	NA	NA	NA	3/NA	NA	3/176	139	161	3/252	214	182	3/200	104	-
<u>Rates</u>														
1950*	2.3	1.7	1.4	1.9	3/2.1	2.4	3.2	3/2.5	2.9	3/2.5	2.5	2.3	3/2.0	-
1949	2.7	3/2.2	2.2	2.1	3/2.3	3.0	3.1	3/3.1	3.1	3.4	2/2.8	2.8	3/2.3	-
1948	2.4	3/1.7	1.8	1.9	2.4	3/3.0	2.7	3/2.8	3.2	2.4	3/2.3	2.5	2.6	-
1947	NA	NA	NA	3/NA	NA	3/2.4	2.3	2.7	3/3.4	3.6	3.0	3/2.7	1.7	-
<u>Anthrax (062)</u>														
<u>Numbers</u>														
1950*	2	-	-	-	3/2	-	-	3/2	-	3/-	-	-	3/-	-
1949	11	3/1	-	-	2/2	3/-	-	3/5	2	-	3/-	-	3/1	-
1948	4	3/1	NA	3/NA	NA	-	-	3/1	3/1	-	2/1	3/-	2	-
1947	NA	NA	NA	NA	NA	-	-	-	-	-	-	-	-	-
<u>Rates</u>														
1950*	0.0	-	-	-	3/-	-	-	3/0.0	-	3/-	-	-	3/-	-
1949	0.0	3/0.0	-	-	3/0.0	-	-	3/0.1	0.0	-	3/-	-	3/0.0	-
1948	0.0	3/0.0	-	-	0.0	3/-	-	3/0.0	-	-	3/0.0	-	-	-
1947	NA	NA	NA	3/NA	NA	3/-	-	-	3/0.0	-	-	3/-	0.0	-
<u>Glanders (064.2)</u>														
<u>Numbers</u>														
1950*	-	-	-	-	3/2	-	-	3/2	-	3/-	-	-	3/2	-
1949	-	3/-	-	-	2/-	-	-	3/-	-	-	2/-	-	3/-	-
1948	3	3/-	NA	3/NA	NA	3/2	2	3/-	1	-	3/-	3/-	-	-
1947	NA	NA	NA	NA	NA	-	-	-	3/3	-	-	3/-	-	-
<u>Rates</u>														
1950*	-	-	-	-	3/-	-	-	3/-	-	3/-	-	-	3/-	-
1949	-	3/-	-	-	3/-	-	-	3/-	-	-	3/-	-	3/-	-
1948	0.0	3/-	-	-	3/-	3/0.0	0.0	3/-	0.0	-	3/-	-	3/-	-
1947	NA	NA	NA	3/NA	NA	2/0.0	-	-	3/0.0	-	-	3/-	-	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd.

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
<u>Numbers</u>														
1950*	3,211	133	114	117	3/32	149	263	3/630	513	3/474	294	177	3/215	-
1949	3,140	2/124	109	92	2/116	155	267	3/629	540	377	2/352	185	2/194	-
1948	980	3/30	25	21	34	3/58	58	3/162	160	151	3/101	89	91	-
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	107	89	3/41	40	-
<u>Rates</u>														
1950*	3.8	2.1	1.8	1.8	3/1.6	2.3	4.1	3/7.8	8.0	3/5.9	4.6	2.8	3/2.7	-
1949	3.8	3/1.6	1.8	1.5	3/1.5	2.5	4.3	3/8.1	8.7	6.1	3/4.5	3.0	3/2.5	-
1948	1.2	2/0.4	0.4	0.3	0.6	2/0.8	0.9	2/2.1	2.6	2.5	2/1.3	1.5	1.5	-
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	1.8	1.5	2/0.5	0.7	-
<u>Japanese "B" Encephalitis (082a)</u>														
1950*	5,182	-	-	-	3/-	-	-	3/16	2,118	3/2,765	251	20	3/12	-
1949	1,284	3/1	-	-	3/-	-	2	3/12	70	717	3/436	43	3/3	-
1948	7,208	3/-	-	-	-	3/-	4	2/20	4,907	2,097	3/180	-	-	-
1947	259	1	-	2/-	-	3/-	3	3	3/68	125	61	2/3	7	-
<u>Rates</u>														
1950*	6.2	-	-	-	3/-	-	-	3/0.2	32.9	3/34.4	3.9	0.3	3/0.1	-
1949	1.6	3/0.0	-	-	-	-	0.0	3/0.2	1.1	11.6	3/5.6	0.7	3/0.0	-
1948	9.0	3/-	-	-	-	3/-	0.1	2/0.3	80.0	34.2	2/2.3	-	-	-
1947	0.3	0.0	-	2/-	-	3/-	0.1	0.1	3/0.9	2.1	1.0	3/0.0	0.1	-
<u>Smallpox (084)</u>														
1950*	5	1	-	1	3/1	-	-	3/1	-	3/-	-	1	3/-	-
1949	124	3/2	2	12	3/25	56	17	3/6	-	-	3/-	3	3/1	-
1948	29	3/2	2	1	4	3/5	1	3/7	-	1	3/4	1	1	-
1947	391	67	49	2/67	61	2/88	34	3/8	2/2	6	5	3/3	1	-
<u>Rates</u>														
1950*	0.0	0.0	-	0.0	3/0.0	-	-	3/0.0	-	3/-	-	0.0	3/0.0	-
1949	0.2	3/0.0	0.0	0.2	2/0.3	0.9	0.3	2/0.1	-	-	3/-	0.0	3/0.0	-
1948	0.0	2/0.0	0.0	0.0	0.1	2/0.1	0.0	2/0.1	-	0.0	2/0.1	0.0	0.0	-
1947	0.5	1.1	0.8	3/0.9	1.0	2/1.2	0.6	0.1	2/0.0	0.1	0.1	2/0.1	0.0	-

TABLE 15. -1/CASES AND CASE RATES (Per 100,000 Population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
Measles (085)														
Numbers														
1950*	56,147	3,263	4,103	5,830	36,353	8,784	8,186	36,678	2,346	31,244	1,185	1,880	34,295	-
1949	165,308	3/6,211	9,206	13,172	3/28,383	35,722	31,706	3/20,144	6,861	2,543	3/2,199	2,426	2/3,741	-
1948	54,698	3/3,590	3,527	6,116	6,534	3/10,413	8,011	3/5,761	2,467	921	3/1,203	2,189	3,886	-
1947	NA	NA	NA	3/29,716	28,561	3/42,952	35,068	23,741	3/13,986	3,424	2,150	2/3,150	2,405	61
Rates														
1950*	67.2	50.8	63.8	90.7	3/103.9	136.6	127.3	3/83.1	36.5	3/15.5	18.4	29.2	3/53.4	-
1949	201.1	3/60.1	148.4	260.7	3/366.0	575.8	511.1	3/253.8	110.4	41.0	3/28.4	28.1	3/46.2	-
1948	56.6	2/46.2	57.5	99.7	106.5	3/135.8	130.6	3/75.1	40.2	15.0	3/16.7	35.7	63.9	-
1947	NA	NA	NA	3/343.8	477.3	3/574.3	586.1	396.8	3/187.0	54.0	35.9	3/42.1	46.9	-
Dengue Fever (090)														
Numbers														
1950*	1	-	1	-	3/-	-	-	3/-	-	3/-	-	-	3/-	-
1949	5	3/1	-	-	3/1	-	2	3/-	1	-	3/-	-	3/-	-
1948	6	3/-	1	-	NA	3/-	NA	3/2	3	-	NA	-	NA	NA
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Rates														
1950*	0.0	-	0.0	-	3/-	-	-	3/-	0.0	3/-	-	-	3/-	-
1949	0.0	3/0.0	-	-	3/0.0	-	0.0	3/0.0	0.0	-	3/-	-	3/-	-
1948	0.0	3/-	0.0	-	3/-	3/NA	NA	NA	0.0	-	1.4	3/NA	NA	NA
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Yellow Fever (091)														
Numbers														
1950*	-	-	-	-	3/-	-	-	3/-	-	3/-	-	-	3/-	-
1949	-	3/-	-	-	3/-	-	-	3/-	-	-	3/-	-	3/-	-
1948	-	3/-	-	-	3/-	-	-	3/-	-	-	3/-	-	3/-	-
1947	NA	NA	NA	3/NA	NA	3/3	6	2	3/9	2	13	3/4	1	-
Rates														
1950*	-	-	-	-	3/-	-	-	3/-	-	3/-	-	-	3/-	-
1949	-	3/-	-	-	3/-	-	-	3/-	-	-	3/-	-	3/-	-
1948	-	3/-	-	-	3/-	-	-	3/-	-	-	3/-	-	3/-	-
1947	NA	NA	NA	2/NA	NA	3/0.0	0.1	0.0	3/0.1	0.0	0.2	3/0.1	0.0	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
Rabies (094)														
Numbers														
1950*	57	3	6	3	3/9	2	7	3/4	8	3/6	4	1	3/4	-
1949	76	3/4	1	5	3/6	8	1	3/11	5	9	3/11	7	3/8	-
1948	44	3/4	4	1	3	3/4	5	3/5	2	4	3/2	5	1	-
1947	NA	NA	NA	3/NA	NA	3/2	4	5	3/1	-	3	3/2	1	-
Rates														
1950*	0.1	0.0	0.1	0.0	3/0.1	0.0	0.1	3/0.0	0.1	3/0.1	0.1	0.0	3/0.0	-
1949	0.1	3/0.1	0.0	0.1	3/0.1	0.1	0.0	3/0.1	0.1	0.1	3/0.1	0.1	3/0.1	-
1948	0.1	3/0.1	0.1	0.0	0.0	3/0.1	0.1	3/0.1	0.0	-	0.1	0.1	0.1	-
1947	NA	NA	NA	3/NA	NA	3/0.0	0.1	0.1	3/0.0	-	0.1	3/0.0	0.0	-
Trachoma (095)														
Numbers														
1950*	156,157	6,783	9,385	10,205	3/13,028	20,044	23,284	3/17,975	11,769	3/9,148	9,484	10,167	3/14,835	-
1949	176,279	3/9,140	9,176	10,708	3/14,060	20,381	33,894	3/25,255	11,140	10,374	3/13,447	9,119	3/10,555	-
1948	150,215	3/9,669	8,847	10,059	14,214	3/19,089	20,270	3/20,680	11,565	9,612	3/10,403	6,992	9,815	-
1947	NA	NA	NA	3/NA	NA	3/28,843	42,482	36,921	3/27,956	15,540	13,408	3/15,216	8,886	-
Rates														
1950*	186.9	105.5	146.0	158.7	3/162.1	311.8	362.2	3/223.7	183.1	3/113.8	147.5	158.2	3/185.2	-
1949	214.5	3/105.0	147.9	172.6	3/181.3	328.5	546.3	3/255.7	179.6	167.2	3/173.4	147.5	3/136.1	-
1948	188.3	3/126.1	144.2	163.9	231.7	3/248.9	220.4	3/269.6	188.5	140.4	3/135.6	114.0	160.0	-
1947	NA	NA	NA	3/NA	NA	3/385.6	710.0	617.0	3/373.8	259.7	224.1	3/203.4	148.5	-
Typhus Fever (100)														
Numbers														
1950*	938	19	476	176	3/401	84	37	3/41	-	3/-	2	5	3/2	-
1949	121	3/31	24	9	3/12	6	3	3/7	-	2	3/5	13	3/17	-
1948	474	3/73	58	34	138	3/36	54	3/23	2	3	3/3	37	86	-
1947	1,114	240	155	3/105	138	3/105	126	91	3/34	12	10	3/19	86	-9
Rates														
1950*	1.1	0.3	7.4	2.7	3/4.3	1.3	0.6	3/0.5	-	3/-	0.0	-	3/0.0	-
1949	0.1	3/0.4	0.4	0.1	3/0.2	0.0	0.0	3/0.1	-	0.0	3/0.1	0.1	3/0.2	-
1948	0.6	3/1.0	0.9	0.6	2.2	3/0.5	0.9	3/0.3	0.0	0.0	3/0.0	0.2	0.6	-
1947	1.4	4.0	2.6	3/1.4	2.3	3/1.4	2.1	1.5	3/0.5	0.2	0.2	3/0.3	1.5	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
<u>Typhus</u>														
Numbers														
1950*	116	-	-	-	3/-	-	-	3/33	55	3/18	4	5	3/1	-
1949	NA	2/NA	NA	NA	2/NA	NA	NA	2/NA	NA	NA	2/NA	NA	2/NA	NA
1948	NA	3/NA	NA	NA	3/NA	NA	NA	2/NA	NA	NA	2/NA	NA	NA	NA
1947	NA	NA	NA	3/NA	NA	NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Rates														
1950*	0.1	-	-	-	3/-	-	-	3/0.4	0.9	3/0.2	0.1	0.1	3/0.0	-
1949	NA	2/NA	NA	NA	3/NA	NA	NA	2/NA	NA	NA	2/NA	NA	2/NA	NA
1948	NA	3/NA	NA	NA	3/NA	NA	NA	2/NA	NA	NA	3/NA	NA	2/NA	NA
1947	NA	NA	NA	3/NA	NA	NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
<u>Malaria (110-117)</u>														
Numbers														
1950*	1,017	36	51	50	3/62	67	137	3/209	159	3/111	53	46	3/06	-
1949	3,732	3/114	86	107	3/207	411	645	3/897	507	3/77	3/211	85	3/85	-
1948	4,940	3/262	212	232	2/293	3/429	661	3/1,003	788	514	2/322	116	108	-
1947	11,841	635	581	3/1,027	682	3/1,074	1,257	1,521	2/2,268	1,231	746	3/519	290	10
Rates														
1950*	1.2	0.6	0.8	0.8	3/0.8	1.0	2.1	3/2.6	2.5	3/1.4	0.8	0.7	3/0.4	-
1949	4.5	3/1.5	1.4	1.7	2/2.7	6.6	10.4	3/11.6	8.2	6.1	3/2.7	1.4	2/1.1	-
1948	6.2	3/3.4	3.5	3.8	4.8	3/5.6	10.8	2/13.1	12.8	8.4	2/4.2	1.9	1.8	-
1947	15.2	10.6	9.7	3/13.7	11.4	3/14.4	21.0	25.4	3/30.3	20.6	12.5	3/6.9	4.8	-
<u>Schistosomiasis (123.2)</u>														
Numbers														
1950*	918	6	31	35	3/43	54	51	3/119	170	3/229	101	38	3/01	-
1949	NA	3/NA	NA	NA	3/NA	NA	NA	2/NA	NA	NA	3/NA	NA	2/NA	NA
1948	NA	2/NA	NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA	NA	NA	NA
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	2/NA	NA	NA	3/NA	NA	NA
Rates														
1950*	1.1	0.1	0.5	0.5	3/0.5	0.8	0.9	3/1.5	2.6	3/2.8	1.6	0.6	3/0.4	-
1949	NA	2/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	2/NA	NA
1948	NA	3/NA	NA	NA	NA	3/NA	NA	2/NA	NA	NA	3/NA	NA	NA	NA
1947	NA	NA	NA	2/NA	NA	3/NA	NA	NA	2/NA	NA	NA	2/NA	NA	NA

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Unknown
Typhoid (127)														
Numbers														
1950*	106	5	16	5	3/6	6	9	3/10	12	3/12	11	9	3/5	-
1949	NA	2/NA	NA	NA	2/NA	NA	NA	3/NA	NA	NA	2/NA	NA	2/NA	NA
1948	NA	2/NA	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	NA
1947	NA	NA	NA	2/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Rates														
1950*	0.1	0.1	0.2	0.1	3/0.1	0.1	0.1	3/0.1	0.2	3/0.1	0.2	0.1	3/0.1	-
1949	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	3/NA	NA
1948	NA	3/NA	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	NA
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Influenza (490-493)														
Numbers														
1950*	39,296	2,875	11,443	4,780	3/1,160	505	46	3/29	13	3/21	381	2,449	3/15,264	-
1949	2,957	3/177	214	242	3/590	404	60	3/102	47	45	3/12	34	3/1,009	-
1948	2,822	3/504	395	380	466	3/367	166	3/131	67	62	3/58	74	152	-
1947	NA	NA	NA	3/NA	NA	3/1,336	462	447	3/133	112	166	3/230	274	14
Rates														
1950*	47.0	44.7	178.0	74.4	3/18.2	7.9	0.7	3/0.5	0.2	3/0.3	5.9	38.4	3/190.0	-
1949	3.6	3/2.3	3.4	3.9	3/7.5	6.5	1.0	3/1.5	0.8	0.7	3/0.6	0.5	3/13.0	-
1948	3.5	3/6.6	6.4	6.2	7.6	3/4.8	2.7	3/1.7	1.1	1.0	3/0.9	1.2	2.3	-
1947	NA	NA	NA	3/NA	NA	3/17.9	7.7	7.5	3/1.8	1.9	2.8	3/3.1	4.6	-
Pneumonia (490-493, 753)														
Numbers														
1950*	147,633	19,122	19,960	20,270	3/20,239	11,369	8,882	3/7,273	3,998	3/5,367	5,174	7,054	3/18,926	-
1949	139,769	3/14,165	15,834	16,527	3/20,090	14,451	10,453	3/8,915	4,420	4,164	3/6,338	7,181	3/17,231	-
1948	110,649	3/18,682	16,285	17,780	15,401	3/11,376	6,354	3/4,378	2,490	2,363	3/3,927	4,101	7,512	-
1947	NA	NA	NA	3/28,378	26,875	3/28,234	17,311	10,916	3/7,752	4,350	4,213	3/8,105	11,027	276
Rates														
1950*	176.6	297.5	310.5	315.3	3/251.9	176.9	138.2	3/90.5	62.2	3/66.8	80.5	109.7	3/235.5	-
1949	170.0	3/182.7	255.2	266.4	3/259.1	232.9	168.5	3/115.0	71.2	67.1	3/81.7	115.8	3/222.2	-
1948	138.7	3/243.6	265.4	289.8	251.0	3/148.3	103.6	3/57.1	40.6	38.5	3/51.2	66.8	122.4	-
1947	NA	NA	NA	3/379.4	449.1	3/377.5	289.3	182.4	2/103.6	72.7	70.4	3/108.4	184.3	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2/Unknown
Infectious Diarrhea (571, 572, 764)														
Numbers														
1950*	95	-	10	-	3/11	1	24	3/12	13	3/9	2	6	3/7	-
1949	770	3/9	16	35	3/133	205	57	3/248	22	7	3/6	6	3/26	-
1948	NA	3/NA	NA	NA	NA	3/NA	176	3/109	351	4	3/13	35	8	-
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Rates														
1950*	C.1	-	0.2	-	3/0.1	0.0	0.4	3/0.1	0.2	3/0.1	0.0	0.1	3/0.1	-
1949	0.9	3/0.1	0.3	0.6	3/1.7	3.3	0.9	3/3.2	0.4	0.1	3/0.1	0.1	3/0.3	-
1948	NA	3/NA	NA	NA	NA	3/NA	2.9	3/1.4	5.7	0.1	3/0.2	0.6	0.1	-
1947	NA	NA	NA	3/NA	NA	3/NA	NA	NA	3/NA	NA	NA	3/NA	NA	NA
Puerperal Infection (645, 1, 651, 680-684)														
Numbers														
1950*	818	74	69	71	3/87	59	69	3/79	51	3/65	74	52	3/68	-
1949	966	3/105	73	74	3/108	75	62	3/67	71	75	3/107	58	3/91	-
1948	969	3/135	99	94	69	3/76	63	3/67	58	66	3/111	60	71	-
1947	NA	NA	NA	3/NA	NA	3/97	177	96	3/129	110	110	3/124	89	-
Rates														
1950*	1.0	1.2	1.1	1.1	3/1.1	0.9	1.1	3/1.0	0.8	3/0.8	1.2	0.8	3/0.8	-
1949	1.2	3/1.4	1.2	1.2	3/1.4	1.2	1.0	3/0.9	1.1	1.2	3/1.4	0.9	3/1.2	-
1948	1.2	2/1.8	1.6	1.5	1.1	3/1.0	1.0	3/0.9	0.9	1.1	3/1.4	1.0	1.2	-
1947	NA	NA	NA	3/NA	NA	3/1.3	3.0	1.6	3/1.7	1.8	1.8	2/1.7	1.5	-

TABLE 15. - 1/CASES AND CASE RATES (Per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY MONTH - JAPAN: 1947-1950 Cont'd

Footnotes:

* Data for 1950 are provisional.

There were no cases of cholera or plague for the period 1947-1950.

1/ Data refer to cases of communicable diseases among civilian population in Japan, and are from Weekly Reports, Ministry of Welfare.

Rates are the number of cases per 100,000 civilian population in Japan and are computed on an annual basis by Public Health and Welfare Section, GHQ, SCAP.

2/ Delays and corrections for the 12 month period not contained in any monthly summary.

3/ Monthly total for five-week period. All other monthly totals are for four-week periods.

4/ Numbers for lymphogranuloma venereum in 1948 are based on a calendar month. Rates are based on calendar month.

NA indicates that data are not available.

A dash (-) indicates that no cases were reported.

A rate of 0.0 indicates that there were some cases but the rates were less than 0.05.

This table corresponds to Tables 27, 28, 29 and 30, Statistical Annex, Public Health and Welfare in Japan, 1949.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950

TUBERCULOSIS (all forms) (C01-019)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	528,324	469,504	378,851	632.2	571.2	475.0
Hokkaido	38,604	35,369	29,164	892.3	845.5	729.5
Aomori	8,087	7,892	5,465	625.8	622.5	451.2
Iwate	9,403	8,909	9,095	693.1	670.6	706.7
Miyagi	10,269	10,270	8,351	613.0	626.4	526.1
Akita	7,433	6,507	6,269	563.7	498.9	491.3
Yamagata	7,491	6,397	4,828	547.9	470.4	360.7
Fukushima	8,165	7,533	7,594	393.1	366.2	376.9
Ibaraki	6,324	6,257	5,462	307.9	304.6	268.7
Tochigi	4,414	4,464	4,938	282.6	285.5	318.7
Gumma	7,531	6,247	4,174	466.9	386.8	260.8
Saitama	14,521	10,253	6,232	671.7	476.4	293.9
Chiba	10,256	8,235	5,062	476.0	382.5	237.8
Tokyo	60,480	55,373	42,826	956.8	941.4	794.9
Kanagawa	19,003	14,607	15,066	758.4	604.3	653.8
Niigata	10,195	11,296	11,519	411.3	458.6	475.7
Toyama	10,616	10,403	8,517	1,044.8	1030.4	858.1
Ishikawa	6,635	6,878	6,438	688.1	720.0	687.2
Fukui	6,163	4,603	2,351	813.3	615.9	322.5
Yamanashi	2,668	2,326	1,707	326.5	284.2	210.6
Nagano	11,300	11,491	8,776	544.4	551.7	424.4
Gifu	9,926	7,704	5,807	638.0	499.0	383.1
Shizuoka	11,519	9,066	8,836	462.7	369.4	369.1
Aichi	24,710	20,576	13,854	723.5	618.2	431.8
Mie	8,749	8,151	4,392	594.4	556.4	304.4
Shiga	5,102	3,937	3,271	588.2	451.4	376.7
Kyoto	16,209	15,065	11,451	877.9	827.8	645.4
Osaka	31,302	23,474	19,681	805.7	633.0	563.0
Hyogo	22,175	16,872	8,277	665.2	518.7	263.7
Nara	2,765	2,728	2,158	359.4	351.6	278.9
Wakayama	5,444	4,283	2,454	550.3	433.9	251.8
Tottori	3,683	3,494	3,863	609.2	582.2	655.0
Shimane	5,036	6,536	7,796	547.9	715.5	868.1
Okayama	10,264	10,502	7,431	613.4	630.5	452.8
Hiroshima	14,354	15,606	14,430	684.5	751.6	709.2
Yamaguchi	8,426	9,289	4,348	542.9	606.2	290.5
Tokushima	3,683	3,292	2,982	416.3	374.5	345.0
Kagawa	4,662	5,291	2,740	489.2	559.4	295.0
Ehime	7,390	7,331	9,201	482.1	485.3	624.7
Kochi	3,579	3,109	2,919	406.6	355.2	338.9
Fukuoka	24,217	19,869	19,405	681.1	577.3	589.1
Saga	6,568	4,663	3,922	689.9	494.0	423.6
Nagasaki	9,718	9,164	7,442	586.3	567.4	478.1
Kumamoto	8,205	6,238	4,330	445.7	343.2	243.8
Oita	6,175	5,078	5,448	489.3	404.0	440.0
Miyazaki	7,296	6,650	4,093	663.6	616.7	391.2
Kagoshima	7,609	6,286	4,486	418.7	350.0	255.4

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

SYPHILIS (020-029)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	121,386	188,204	214,466	145.3	229.0	268.9
Hokkaido	6,820	7,847	7,621	157.6	187.6	190.6
Aomori	1,402	2,055	1,889	108.5	163.3	155.9
Iwate	1,079	1,760	1,576	79.5	132.5	122.5
Miyagi	1,712	2,688	2,523	102.2	163.9	159.0
Akita	1,391	1,814	2,329	105.5	139.1	182.5
Yamagata	1,631	2,415	2,267	119.3	177.6	169.4
Fukushima	1,769	3,144	2,999	85.2	152.9	148.8
Ibaraki	1,477	2,352	3,237	71.9	114.5	159.2
Tochigi	1,758	2,976	4,082	112.6	190.3	263.4
Gumma	1,843	2,786	2,987	114.3	172.5	186.7
Saitama	2,107	2,683	2,157	97.5	124.7	101.7
Chiba	2,200	3,311	5,397	102.1	153.8	253.6
Tokyo	6,581	12,959	14,234	104.1	220.3	164.2
Kanagawa	8,687	11,229	9,743	346.7	464.6	422.8
Niigata	2,265	2,779	3,551	91.4	112.8	146.6
Toyama	1,769	2,265	2,623	174.1	224.3	264.3
Ishikawa	1,058	2,053	2,101	109.7	214.9	224.3
Fukui	991	1,367	1,700	130.8	182.9	233.2
Yamanashi	603	1,137	1,063	73.8	138.9	131.1
Nagano	1,793	2,623	5,244	86.4	125.9	253.6
Gifu	1,296	1,813	2,130	83.3	117.4	140.5
Shizuoka	2,603	3,789	5,523	104.6	154.4	230.7
Aichi	4,664	8,083	17,677	136.6	242.9	551.0
Mie	1,909	2,658	3,617	129.7	181.4	250.6
Shiga	904	1,593	1,561	104.2	182.6	179.8
Kyoto	3,414	6,999	7,737	184.9	384.6	436.1
Osaka	8,475	14,830	13,215	218.2	399.9	378.0
Hyogo	5,222	11,528	20,116	156.7	354.4	640.9
Nara	944	1,997	2,695	122.7	257.4	348.3
Wakayama	1,650	3,221	3,047	166.8	326.3	312.6
Tottori	1,000	1,625	1,976	165.4	270.8	335.1
Shimane	551	950	1,083	59.9	104.0	120.6
Okayama	2,494	3,904	4,472	149.1	234.4	272.5
Hiroshima	3,592	6,131	4,731	171.3	295.3	281.6
Yamaguchi	3,669	4,325	6,634	236.4	282.2	443.2
Tokushima	722	1,427	1,358	81.6	162.3	157.1
Kagawa	1,052	2,291	1,916	110.4	242.2	206.3
Ehime	1,575	2,312	2,748	102.7	153.1	186.6
Kochi	1,128	1,512	1,269	128.2	172.7	147.3
Fukuoka	12,119	15,251	13,148	340.9	443.2	399.2
Saga	2,165	2,712	2,786	227.4	287.3	300.9
Nagasaki	5,231	7,133	4,414	315.6	441.6	283.6
Kumamoto	1,922	3,352	3,759	104.4	184.4	211.6
Oita	1,570	2,583	2,556	124.4	205.5	206.4
Miyazaki	1,114	1,737	1,361	101.3	161.1	130.1
Kagoshima	1,465	2,205	2,614	80.6	122.8	148.8

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

GONORRHEA (030-C35)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	178,102	181,187	217,951	213.1	220.4	273.3
Hokkaido	12,088	8,715	9,266	279.4	208.3	231.8
Aomori	1,711	1,890	2,675	132.4	150.2	220.8
Iwate	840	916	1,043	61.9	68.9	81.0
Miyagi	1,915	2,124	2,552	114.3	129.5	160.8
Akita	867	1,145	2,107	65.8	87.8	165.1
Yamagata	1,127	1,293	1,034	82.4	95.1	77.2
Fukushima	2,232	2,459	3,111	107.4	119.6	154.4
Ibaraki	1,272	1,620	2,922	61.9	78.9	143.7
Tochigi	2,059	2,382	2,802	131.8	152.3	180.8
Gunma	2,015	2,109	2,386	124.9	130.6	149.1
Saitama	2,320	1,875	2,077	107.3	87.1	98.0
Chiba	2,309	2,215	6,071	107.2	102.9	285.3
Tokyo	15,338	16,480	14,119	242.6	280.2	262.1
Kanagawa	21,808	17,599	13,086	870.3	728.1	567.9
Niigata	1,540	1,455	2,906	62.1	59.1	120.0
Toyama	2,267	2,397	2,412	223.1	237.4	243.0
Ishikawa	1,507	2,278	2,184	156.3	238.5	233.1
Fukui	1,570	1,260	1,553	207.2	168.6	213.0
Yamanashi	665	1,003	1,348	81.4	122.6	166.3
Nagano	1,927	2,488	6,255	92.8	119.5	302.5
Gifu	2,791	3,605	3,762	179.4	233.5	248.2
Shizuoka	3,373	3,536	5,111	135.5	144.1	213.5
Aichi	6,249	8,506	19,611	183.0	255.6	611.2
Mie	1,835	1,891	2,467	124.7	129.1	171.0
Shiga	1,268	1,370	1,346	146.2	157.1	155.0
Kyoto	5,282	5,418	6,880	286.1	297.7	387.8
Osaka	5,953	9,960	10,827	153.2	268.6	309.7
Hyogo	6,166	8,842	14,282	185.0	271.8	455.0
Nara	1,473	2,131	2,347	191.5	274.6	303.3
Wakayama	2,585	3,468	4,155	261.3	351.4	426.3
Tottori	1,245	1,504	2,203	205.9	250.6	373.5
Shimane	530	757	836	57.7	82.9	93.1
Okayama	2,614	3,577	4,472	156.2	214.7	272.5
Hiroshima	7,878	7,907	7,962	375.7	380.8	391.3
Yamaguchi	6,725	6,167	7,898	433.3	402.4	527.7
Tokushima	624	826	1,164	70.5	94.0	134.7
Kagawa	1,085	1,191	1,169	113.9	125.9	125.8
Ehime	1,284	1,719	2,554	83.8	113.8	173.4
Kochi	1,426	1,650	1,473	162.0	188.5	171.0
Fukuoka	24,377	16,976	15,169	685.6	493.2	460.5
Saga	2,465	2,466	3,501	258.9	261.3	378.1
Nagasaki	4,704	4,949	5,528	283.8	306.4	355.2
Kumamoto	2,588	2,393	3,574	140.6	131.6	201.2
Oita	2,158	2,691	3,070	171.0	214.1	247.9
Miyazaki	1,646	1,570	1,737	149.7	145.6	166.0
Kagoshima	2,401	2,414	2,949	132.1	134.4	167.9

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE, JAPAN, 1948 - 1950 Cont'd

CHANCROID (036)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	15,806	2,205	36,426	18.9	2.7	45.7
Hokkaido	658	746	902	15.2	17.8	22.6
Aomori	82	145	358	6.3	11.5	29.6
Iwate	42	71	105	3.1	5.3	8.2
Miyagi	79	171	501	4.7	10.4	31.6
Akita	42	92	171	3.2	7.1	13.4
Yamagata	39	51	56	2.9	3.7	4.2
Fukushima	109	248	402	5.2	12.1	20.0
Ibarak	154	281	642	7.5	13.7	31.6
Tochigi	106	199	314	6.8	12.7	20.3
Gunma	142	254	251	8.8	15.7	15.7
Saitama	168	146	310	7.8	6.8	14.6
Chiba	219	305	912	10.2	14.2	42.9
Tokyo	1,421	1,864	1,932	22.5	31.7	35.9
Kanagawa	2,184	2,084	1,837	87.2	86.2	79.7
Niigata	97	88	382	3.9	3.6	15.8
Toyama	180	176	267	17.7	17.4	26.9
Ishikawa	142	191	394	14.7	20.0	42.1
Fukui	98	182	204	12.9	24.4	28.0
Yamanashi	56	161	160	6.9	19.7	19.7
Nagano	69	146	238	3.3	7.0	11.5
Gifu	438	360	546	28.2	23.3	36.0
Shizuoka	212	265	531	8.5	10.8	22.2
Aichi	481	1,264	7,418	14.1	38.0	231.2
Mie	218	312	561	14.8	21.3	38.9
Shiga	237	324	466	27.3	37.1	53.7
Kyoto	1,068	1,467	1,689	57.8	80.6	95.2
Osaka	1,261	2,057	1,922	32.5	55.5	55.0
Hyogo	747	1,433	2,409	22.4	44.1	76.8
Nara	342	448	633	44.5	57.7	81.8
Wakayama	270	547	706	27.3	55.4	72.4
Tottori	87	179	230	14.4	29.8	39.0
Shimane	40	51	121	4.4	5.6	13.5
Okayama	396	708	987	23.7	42.5	60.1
Hiroshima	779	993	1,187	37.1	47.8	58.3
Yamaguchi	285	398	1,202	18.4	26.0	80.3
Tokushima	40	92	214	4.5	10.5	24.8
Kagawa	114	118	314	12.0	12.5	33.8
Ehime	83	192	330	5.4	12.7	22.4
Koshi	130	129	228	14.8	14.7	26.5
Fukuoka	1,645	1,892	2,496	46.3	55.0	75.8
Saga	110	139	264	11.6	14.7	28.5
Nagasaki	377	539	642	22.7	33.4	41.2
Kumamoto	87	104	310	4.7	5.7	17.5
Oita	144	175	340	11.4	13.9	27.5
Miyazaki	38	66	108	3.5	6.1	10.3
Kagoshima	90	198	234	5.0	11.0	13.3

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

LYMPHOGRANULOMA VENEREUM (037)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	490	644	707	0.6	0.8	0.9
Hokkaido	12	34	15	0.3	0.8	0.4
Aomori	1	2	4	0.1	0.2	0.3
Iwate	2	4	2	0.1	0.3	0.2
Miyagi	-	-	5	-	-	0.3
Akita	1	3	6	0.1	0.2	0.5
Yamagata	1	2	3	0.1	0.1	0.2
Fukushima	4	3	12	0.2	0.1	0.6
Ibaraki	2	4	12	0.1	0.2	0.6
Tochigi	-	2	4	-	0.1	0.3
Gunma	4	7	6	0.2	0.4	0.4
Saitama	10	4	8	0.5	0.2	0.4
Chiba	3	7	4	0.1	0.3	0.2
Tokyo	47	52	45	0.7	0.9	0.8
Kanagawa	41	51	45	1.6	2.1	1.9
Niigata	6	5	12	0.2	0.2	0.5
Toyama	4	4	4	0.4	0.4	0.4
Ishikawa	20	11	11	2.1	1.2	1.2
Fukui	5	3	6	0.7	0.4	0.8
Yamanashi	1	3	4	0.1	0.4	0.5
Nagano	2	-	-	0.1	-	-
Gifu	4	7	9	0.3	0.5	0.6
Shizuoka	7	7	12	0.3	0.3	0.5
Aichi	16	6	-	0.5	0.2	-
Mie	6	10	16	0.4	0.7	1.1
Shiga	4	3	1	0.5	0.3	0.1
Kyoto	70	70	66	3.8	3.8	3.7
Osaka	49	96	96	1.3	2.6	2.7
Hyogo	43	56	80	1.3	1.7	2.5
Nara	4	14	13	0.5	1.8	1.7
Wakayama	10	14	13	1.0	1.4	1.3
Tottori	2	4	5	0.3	0.7	0.8
Shimane	2	1	-	0.2	0.1	-
Okayama	7	8	4	0.4	0.5	0.2
Hiroshima	23	39	47	1.1	1.9	2.3
Yamaguchi	16	19	24	1.0	1.2	1.6
Tokushima	3	3	5	0.3	0.3	0.6
Kagawa	3	3	5	0.3	0.3	0.5
Ehime	3	3	8	0.2	0.2	0.5
Kochi	4	3	3	0.5	0.3	0.3
Fukuoka	26	33	43	0.7	1.0	1.3
Sege	1	4	13	0.1	0.4	1.4
Nagasaki	9	19	19	0.5	1.2	1.2
Kumamoto	-	2	6	-	0.1	0.3
Oita	5	5	4	0.4	0.4	0.3
Miyazaki	-	5	4	-	0.5	0.4
Kagoshima	7	9	3	0.4	0.5	0.2

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

TYPHOID FEVER (040)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	4,884	6,489	9,426	5.8	7.9	11.8
Hokkaido	175	192	393	4.0	4.6	9.8
Aomori	97	87	135	7.5	6.9	11.1
Iwate	66	83	87	4.9	6.2	6.8
Miyagi	171	210	203	10.2	12.8	12.8
Akita	39	55	89	3.0	4.2	7.0
Yamagata	49	60	75	3.6	4.4	5.6
Fukushima	100	114	181	4.8	5.5	9.0
Ibaraki	85	86	156	4.1	4.2	7.7
Tochigi	61	67	137	3.9	4.3	8.8
Gunma	78	57	127	4.8	3.5	7.9
Saitama	203	199	245	9.4	9.2	11.6
Chiba	123	155	242	5.7	7.2	11.4
Tokyo	646	896	1,257	10.2	15.2	23.3
Kanagawa	211	272	455	8.4	11.3	19.7
Niigata	206	309	276	8.3	12.5	11.4
Toyama	75	91	152	7.4	9.0	15.3
Ishikawa	35	46	73	3.6	4.8	7.8
Fukui	61	136	125	8.0	18.2	17.1
Yamanashi	17	11	22	2.1	1.3	2.7
Nagano	53	116	447	2.6	5.6	21.6
Gifu	153	210	380	9.8	13.6	25.1
Shizuoka	163	249	326	6.5	10.1	13.6
Aichi	215	332	438	6.3	10.0	13.7
Mie	166	282	296	11.3	19.2	20.5
Shiga	40	31	53	4.6	3.6	6.1
Kyoto	142	164	271	7.7	9.0	15.3
Osaka	265	253	353	6.8	6.8	10.1
Hyogo	234	298	382	7.0	9.2	12.2
Nara	83	87	119	10.8	11.2	15.4
Wakayama	65	91	123	6.6	9.2	12.6
Tottori	15	66	93	2.5	11.0	15.8
Shimane	60	79	122	6.5	8.6	13.6
Okayama	80	116	179	4.8	7.0	10.9
Hiroshima	169	288	285	8.1	13.9	14.0
Yamaguchi	35	51	89	2.3	3.3	5.9
Tokushima	80	66	127	9.0	7.5	14.7
Kagawa	23	42	53	2.4	4.4	5.7
Ehime	41	58	165	2.7	3.8	11.2
Kochi	77	100	159	8.7	11.4	18.5
Fukuoka	90	174	195	2.5	5.1	5.9
Saga	15	44	55	1.6	4.7	5.9
Nagasaki	45	60	69	2.7	3.7	4.4
Kumamoto	30	26	25	1.6	1.4	1.4
Oita	17	33	116	1.3	2.6	9.4
Miyazaki	23	34	56	2.1	3.2	5.4
Kagoshima	7	13	20	0.4	0.7	1.1

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

PARATYPHOID FEVER (041)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	1,709	2,226	2,892	2.0	2.7	3.6
Hokkaido	107	82	122	2.5	2.0	3.1
Aomori	41	40	52	3.2	3.2	4.3
Iwate	24	33	54	1.8	2.5	4.2
Miyagi	74	116	137	4.4	7.1	8.6
Akita	18	16	10	1.4	1.2	0.8
Yamagata	22	21	28	1.6	1.5	2.1
Fukushima	41	196	78	2.0	6.6	3.9
Ibarak	43	48	84	2.1	2.3	4.1
Tochigi	16	23	51	1.0	1.5	3.3
Gumma	69	31	56	4.3	1.9	3.5
Saitama	56	55	44	2.6	2.6	2.1
Chiba	20	44	59	0.9	2.0	2.8
Tokyo	359	488	681	5.7	8.3	12.6
Kanagawa	56	68	117	2.2	2.8	5.1
Niigata	66	80	110	2.7	3.2	4.5
Toyama	46	49	28	4.5	4.3	2.8
Ishikawa	10	31	17	1.0	3.2	1.8
Fukui	13	30	22	1.7	4.0	3.0
Yamanashi	20	5	12	2.4	0.6	1.5
Nagano	10	50	70	0.5	2.4	3.4
Gifu	32	27	81	2.1	1.7	5.3
Shizuoka	51	103	165	2.0	4.2	6.9
Aichi	46	89	93	1.3	2.7	2.9
Mie	21	54	63	1.4	3.7	4.4
Shiga	4	19	15	0.5	2.2	1.7
Kyoto	13	58	67	0.7	3.2	3.8
Osaka	101	51	67	2.6	1.4	1.9
Hyogo	34	32	36	1.0	1.0	1.1
Nara	10	12	14	1.3	1.5	1.8
Wakayama	29	33	16	2.9	3.3	1.6
Tottori	8	15	13	1.3	2.5	2.2
Shimane	12	16	66	1.3	1.8	7.3
Okayama	4	21	16	0.2	1.3	1.0
Hiroshima	58	81	64	2.8	3.9	3.1
Yamaguchi	17	10	12	1.1	0.7	0.8
Tokushima	38	13	8	4.3	1.5	0.9
Kagawa	19	5	33	2.0	0.5	3.6
Ehime	3	17	33	0.2	1.1	2.2
Kochi	13	8	35	1.5	0.9	4.1
Fukuoka	39	46	56	1.1	1.3	1.7
Saga	7	6	17	0.7	0.6	1.8
Nagasaki	4	6	19	0.2	0.4	1.2
Kumamoto	18	33	21	1.0	1.8	1.2
Oita	3	10	23	0.2	0.8	1.9
Miyazaki	11	15	19	1.0	1.4	1.8
Kagoshima	3	6	8	0.2	0.3	0.5

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

DYSENTERY (all forms) (045-048)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	49,739	24,001	14,628	59.5	29.2	18.3
Hokkaido	1,169	483	952	27.0	11.5	23.8
Aomori	274	136	120	21.2	10.8	9.9
Iwate	645	631	528	47.5	47.5	41.0
Miyagi	957	305	228	57.1	18.6	14.4
Akita	409	232	195	31.0	17.8	15.3
Yamagata	610	434	237	44.6	31.9	17.7
Fukushima	1,494	454	471	71.9	22.1	23.4
Ibaraki	1,538	1,067	746	74.9	51.9	36.7
Tochigi	1,690	608	279	108.2	38.9	18.0
Gumma	3,044	1,499	472	188.7	92.8	29.5
Seitama	4,072	1,793	406	188.4	83.3	19.1
Chiba	1,821	862	284	84.5	40.0	13.3
Tokyo	7,655	3,372	1,537	121.1	57.3	28.5
Kanagawa	2,632	983	296	105.0	40.7	12.8
Niigata	3,122	1,657	602	125.9	67.3	24.9
Toyama	537	140	61	52.8	13.9	6.1
Ishikawa	708	175	36	73.4	18.3	3.8
Fukui	116	114	202	15.3	15.3	27.7
Yamanashi	244	154	76	29.9	18.8	9.4
Nagano	523	528	331	25.2	25.4	16.0
Gifu	1,024	474	399	65.8	30.7	26.3
Shizuoka	2,228	1,072	331	89.5	43.7	13.8
Aichi	2,599	1,163	698	76.1	34.9	21.8
Mie	600	293	181	40.8	20.0	12.5
Shiga	65	76	94	7.5	8.7	10.8
Kyoto	701	388	293	38.0	21.3	16.5
Osaka	1,522	596	520	39.2	16.1	14.9
Hyogo	1,185	331	457	35.5	10.2	14.6
Nara	59	48	46	7.7	6.2	5.9
Wakayama	118	112	57	11.9	11.3	5.8
Tottori	100	77	67	16.5	12.8	11.4
Shimane	208	312	219	22.6	34.2	24.4
Okayama	302	173	200	18.0	10.4	12.2
Hiroshima	651	423	321	31.0	20.4	15.8
Yamaguchi	274	254	242	17.7	16.6	16.2
Tokushima	154	171	155	18.5	19.5	17.9
Kagawa	419	243	128	44.0	25.7	13.8
Ehime	540	311	359	35.2	20.6	24.4
Kochi	234	122	111	26.6	13.9	12.9
Fukuoka	1,353	445	433	38.1	12.9	13.1
Saga	182	117	182	19.1	12.4	19.7
Nagasaki	290	214	250	17.5	13.2	16.1
Kumamoto	756	209	218	41.1	11.5	12.3
Oita	255	188	191	20.2	15.0	15.4
Miyazaki	325	396	262	29.6	36.7	25.0
Kagoshima	325	166	155	17.9	9.2	8.8

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

SCARLET FEVER (050)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	5,133	4,667	2,924	6.1	5.7	3.7
Hokkaido	231	413	482	5.3	9.9	12.1
Aomori	85	36	24	6.4	2.9	2.0
Iwate	54	58	19	4.0	4.4	1.5
Miyagi	52	68	93	3.1	4.1	5.9
Akita	61	47	24	4.6	3.6	1.9
Yamagata	40	63	27	2.9	4.6	2.0
Fukushima	68	66	39	3.3	3.2	1.9
Ibaraki	119	62	62	5.8	3.0	3.0
Tochigi	22	58	51	1.4	3.7	3.3
Gumma	101	81	92	6.3	5.0	5.7
Saitama	221	200	127	10.2	9.3	6.0
Chiba	57	147	21	2.6	6.8	1.0
Tokyo	990	1,080	632	15.7	18.4	11.7
Kanagawa	252	250	101	10.1	10.3	4.4
Niigata	47	52	35	1.9	2.1	1.4
Toyama	38	11	9	3.7	1.1	0.9
Ishikawa	12	8	4	1.2	0.8	0.4
Fukui	52	10	6	6.9	1.3	0.8
Yamanashi	87	47	33	10.6	5.7	4.1
Nagano	306	381	132	14.7	18.3	6.4
Gifu	115	55	56	7.4	3.6	3.7
Shizuoka	120	66	58	4.8	2.7	2.4
Aichi	323	182	131	9.5	5.5	4.1
Mie	91	55	46	6.2	3.8	3.2
Shiga	161	110	64	18.6	12.6	7.4
Kyoto	274	262	119	14.8	14.4	6.7
Osaka	531	189	97	13.7	5.1	2.8
Hyogo	154	87	55	4.6	2.7	1.8
Nara	35	31	7	4.5	4.0	0.9
Wakayama	20	26	6	2.0	2.6	0.6
Tottori	10	18	9	1.7	3.0	1.5
Shimane	53	60	19	5.8	6.6	2.1
Okayama	55	111	38	3.3	6.7	2.3
Hiroshima	76	79	23	3.6	3.8	1.1
Yamaguchi	25	50	20	1.6	3.3	1.3
Tokushima	11	11	4	1.2	1.3	0.5
Kagawa	13	22	18	1.4	2.3	1.9
Ehime	11	24	26	0.7	1.6	1.8
Kochi	17	11	12	1.9	1.3	1.4
Fukuoka	86	37	56	2.4	1.1	1.7
Saga	5	5	8	0.5	0.5	0.9
Nagasaki	17	17	17	1.0	1.1	1.1
Kumamoto	7	3	2	0.4	0.2	0.1
Oita	7	8	5	0.6	0.6	0.4
Miyazaki	11	6	7	1.0	0.6	0.7
Kagoshima	10	4	8	0.6	0.2	0.5

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

DIPHTHERIA (055)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	12,575	14,825	16,198	15.0	18.0	20.3
Hokkaido	674	871	1,289	15.6	20.8	32.2
Aomori	360	263	231	27.9	20.9	19.1
Iwate	264	334	290	19.5	25.1	33.5
Miyagi	274	435	459	16.4	26.5	28.9
Akita	358	383	566	27.2	29.4	44.4
Yamagata	221	210	289	16.2	15.4	21.6
Fukushima	379	278	220	18.2	13.5	10.9
Ibarak	143	265	313	7.0	12.9	15.4
Tochigi	221	225	329	14.2	14.4	21.2
Gumma	116	213	255	7.2	13.2	15.9
Saitama	319	339	370	14.8	15.8	17.4
Chiba	144	223	181	6.7	10.4	8.5
Tokyo	728	1,048	1,034	11.5	17.8	19.2
Kanagawa	272	395	447	10.9	16.3	19.4
Niigata	564	595	665	22.8	24.2	27.5
Toyama	181	251	173	17.8	24.9	17.4
Ishikawa	207	250	281	21.5	26.2	30.0
Fukui	143	169	130	18.9	22.6	17.8
Yamanashi	43	67	65	5.3	8.2	8.0
Nagano	167	300	398	8.0	14.4	19.2
Gifu	112	167	130	7.2	10.8	8.6
Shizuoka	173	285	275	6.9	11.6	11.5
Aichi	336	374	458	9.8	11.2	14.3
Mie	169	204	264	11.5	13.9	18.3
Shiga	72	106	107	8.3	12.2	12.3
Kyoto	259	202	259	14.0	11.1	14.6
Osaka	534	361	304	13.7	9.7	8.7
Hyogo	414	458	486	12.4	14.1	15.5
Nara	95	99	141	12.3	12.8	18.2
Wakayama	75	101	119	7.6	10.2	12.2
Tottori	53	86	91	8.8	14.3	15.4
Shimane	240	276	304	26.1	30.2	33.9
Okayama	125	189	266	7.5	11.3	16.2
Hiroshima	408	420	428	19.5	20.2	21.0
Yamaguchi	331	372	326	21.3	24.3	21.8
Tokushima	126	124	127	14.2	14.1	14.7
Kagawa	58	120	117	6.1	12.7	12.6
Ehime	192	217	350	12.5	14.4	23.8
Kochi	78	136	146	8.9	15.5	17.0
Fukuoka	890	944	891	25.0	27.4	27.0
Saga	259	428	553	27.2	45.3	59.7
Nagasaki	461	441	460	27.8	27.3	29.6
Kumamoto	229	253	179	12.4	13.9	10.1
Oita	269	383	550	21.3	30.5	44.4
Miyazaki	439	526	419	39.9	48.8	40.0
Kagoshima	400	439	463	22.0	24.4	26.4

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

WHOPPING COUGH (056)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	122,733	126,827	52,791	146.9	154.3	66.2
Hokkaido	3,712	9,848	6,110	85.8	235.4	152.8
Aomori	1,644	1,847	565	127.2	146.8	46.6
Iwate	1,751	1,792	655	129.1	134.9	50.9
Miyagi	1,670	2,683	1,107	99.7	163.6	69.7
Akita	1,465	1,779	835	111.1	136.4	65.4
Yamagata	767	1,973	718	56.1	145.1	53.6
Fukushima	2,563	1,871	679	123.4	91.0	33.7
Ibaraki	3,567	2,079	564	173.6	101.2	27.7
Tochigi	1,343	1,529	1,025	86.0	97.8	66.2
Gumma	2,116	2,985	1,787	131.2	184.8	111.7
Saitama	6,215	5,219	1,071	287.5	242.5	50.5
Chiba	1,858	1,365	415	86.2	63.4	19.5
Tokyo	8,508	10,914	4,003	134.6	185.5	74.3
Kanagawa	4,631	4,730	1,510	184.8	195.7	65.5
Niigata	3,393	2,827	3,227	136.9	114.8	133.3
Toyama	5,065	3,361	2,071	498.5	332.9	208.7
Ishikawa	1,410	1,966	1,285	116.2	205.8	137.2
Fukui	1,714	1,520	709	226.4	203.4	97.3
Yamanashi	1,182	611	271	144.6	74.7	33.4
Nagano	4,092	3,934	2,006	197.1	188.9	97.0
Gifu	1,455	2,162	957	93.5	140.0	63.1
Shizuoka	4,702	3,546	790	188.9	144.5	33.0
Aichi	3,273	5,550	1,916	95.8	166.8	59.7
Mie	2,730	1,741	618	185.5	118.8	42.8
Shiga	2,406	3,011	794	277.4	345.2	91.5
Kyoto	2,709	3,484	1,515	146.7	191.4	85.4
Osaka	3,970	4,813	1,202	102.2	129.8	34.4
Hyogo	4,207	5,074	1,004	126.2	156.0	32.0
Nara	432	527	120	56.2	67.9	15.5
Wakayama	1,924	651	150	194.5	66.0	15.4
Tottori	910	989	161	150.5	164.8	27.3
Shimane	1,545	1,101	1,830	168.1	120.5	203.8
Okayama	1,783	2,130	926	106.6	127.9	56.4
Hiroshima	3,619	4,147	923	172.6	199.7	45.4
Yamaguchi	1,072	1,393	402	69.1	90.9	26.9
Tokushima	1,390	659	125	157.1	75.0	14.5
Kagawa	1,747	2,500	257	183.3	264.3	27.7
Ehime	3,058	4,362	1,290	199.5	288.8	87.6
Kochi	1,293	365	216	146.9	41.7	25.1
Fukuoka	5,979	6,943	3,433	168.2	201.7	104.2
Saga	1,900	1,617	717	199.6	171.3	77.4
Nagasaki	2,528	1,539	612	152.5	95.3	39.3
Kumamoto	3,523	1,235	585	191.4	67.9	32.9
Oita	1,475	805	549	116.9	64.0	44.3
Miyazaki	2,735	683	327	248.8	63.3	31.3
Kagoshima	1,700	967	759	93.6	53.8	43.2

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

EPIDEMIC MENINGITIS (057)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	1,192	1,467	2,035	1.4	1.8	2.6
Hokkaido	71	154	187	1.6	3.7	4.7
Aomori	41	36	63	3.2	2.9	5.2
Iwate	15	27	18	1.1	2.0	1.4
Miyagi	57	62	111	3.4	3.8	7.0
Akita	27	38	73	2.0	2.9	5.7
Yamagata	56	34	44	4.1	2.5	3.3
Fukushima	49	54	83	2.4	2.6	4.1
Ibaraki	37	33	74	1.8	1.6	3.6
Tochigi	13	11	12	0.8	0.7	0.8
Gumma	17	22	32	1.1	1.4	2.0
Saitama	28	31	23	1.3	1.4	1.1
Chiba	32	23	39	1.5	1.1	1.8
Tokyo	179	256	417	2.8	4.4	7.7
Kanagawa	49	75	108	2.0	3.1	4.7
Niigata	21	24	51	0.8	1.0	2.1
Toyama	15	17	27	1.5	1.7	2.7
Ishikawa	9	4	11	0.9	0.4	1.2
Fukui	4	15	16	0.5	2.0	2.2
Yamanashi	8	11	20	1.0	1.3	2.5
Nagano	14	23	40	0.7	1.1	1.9
Gifu	6	10	13	0.4	0.6	0.9
Shizuoka	30	31	53	1.2	1.3	2.2
Aichi	22	17	24	0.6	0.5	0.7
Mie	12	14	11	0.8	1.0	0.8
Shiga	15	12	8	1.7	1.4	0.9
Kyoto	42	57	63	2.3	3.1	3.6
Csaka	91	99	90	2.3	2.7	2.6
Hyogo	14	33	40	0.4	1.0	1.3
Nara	2	7	9	0.3	0.9	1.2
Wakayama	7	4	7	0.7	0.4	0.7
Tottori	17	28	24	2.8	4.7	4.1
Shimane	7	11	16	0.8	1.2	1.8
Okayama	5	8	9	0.3	0.5	0.5
Hiroshima	24	26	22	1.1	1.3	1.1
Yamaguchi	19	12	19	1.2	0.8	1.3
Tokushima	3	1	5	0.3	0.1	0.6
Kagawa	5	9	9	0.5	1.0	1.0
Ehime	15	13	20	1.0	0.9	1.4
Kochi	8	11	5	0.9	1.3	0.6
Fukuoka	45	59	44	1.3	1.7	1.3
Saga	8	10	7	0.8	1.1	0.8
Nagasaki	12	8	27	0.7	0.5	1.7
Kumamoto	12	7	19	0.7	0.4	1.1
Oita	7	14	10	0.6	1.1	0.8
Miyazaki	10	8	7	0.9	0.7	0.7
Kagoshima	12	8	25	0.7	0.4	1.4

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE, JAPAN, 1948 - 1950 Cont'd

LEPROSY (C60)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	605	782	708	0.7	1.0	0.9
Hokkaido	17	10	13	0.4	0.2	0.3
Aomori	14	18	12	1.1	1.4	1.0
Iwate	22	19	25	1.6	1.4	1.9
Miyagi	13	8	4	0.8	0.5	0.3
Akita	17	16	9	1.3	1.2	0.7
Yamagata	5	5	14	0.4	0.4	1.0
Fukushima	18	6	8	0.9	0.3	0.4
Ibaraki	9	9	10	0.4	0.4	0.5
Tochigi	12	10	7	0.8	0.6	0.5
Gunma	41	153	95	2.5	9.5	5.9
Saitama	8	12	5	0.4	0.6	0.2
Chiba	-	2	3	-	0.1	0.1
Tokyo	33	50	7	0.5	0.9	0.1
Kanagawa	6	18	19	0.2	0.7	0.8
Niigata	-	7	12	-	0.3	0.5
Toyama	-	1	-	-	0.1	-
Ishikawa	3	6	6	0.3	0.6	0.6
Fukui	7	6	6	0.9	0.8	0.8
Yamanashi	7	3	5	0.9	0.4	0.6
Nagano	4	16	14	0.2	0.8	0.7
Gifu	13	9	12	0.8	0.6	0.8
Shizuoka	16	20	24	0.6	0.8	1.0
Aichi	33	26	14	1.0	0.8	0.4
Mie	12	16	8	0.8	1.1	0.6
Shiga	10	12	1	1.2	1.4	0.1
Kyoto	28	46	35	1.5	2.5	2.0
Osaka	7	7	24	0.2	0.2	0.7
Hyogo	24	27	56	0.7	0.8	1.8
Nara	4	4	1	0.5	0.5	0.1
Wakayama	7	7	8	0.7	0.7	0.8
Tottori	5	8	7	0.8	1.3	1.2
Shimane	3	5	5	0.3	0.5	0.6
Okayama	11	14	12	0.7	0.8	0.7
Hiroshima	15	3	19	0.7	0.1	0.9
Yamaguchi	15	11	31	1.0	0.7	2.1
Tokushima	17	10	28	1.9	1.1	3.2
Kagawa	3	5	8	0.3	0.5	0.9
Ehime	5	16	14	0.3	1.1	1.0
Kochi	4	7	19	0.5	0.8	2.2
Fukuoka	45	48	36	1.3	1.4	1.1
Saga	2	6	6	0.2	0.6	0.6
Nagasaki	21	27	14	1.3	1.7	0.9
Kumamoto	17	35	12	0.9	1.9	0.7
Oita	23	15	11	1.8	1.2	0.9
Miyazaki	23	11	10	2.1	1.0	1.0
Kagoshima	6	12	19	0.3	0.7	1.1

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

TETANUS (061)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	1,913	2,199	1,947	2.3	2.7	2.4
Hokkaido	42	41	39	1.0	1.0	1.0
Aomori	32	22	11	2.5	1.7	0.9
Iwate	19	22	16	1.4	1.7	1.2
Miyagi	27	29	46	1.6	1.8	2.9
Akita	23	20	23	1.7	1.5	1.8
Yamagata	19	20	12	1.4	1.5	0.9
Fukushima	35	39	42	1.7	1.9	2.1
Ibaraki	115	155	133	5.6	7.5	6.5
Tochigi	40	41	42	2.6	2.6	2.7
Gumma	73	73	52	4.5	4.5	3.2
Saitama	78	69	54	3.6	3.2	2.5
Chiba	118	106	83	5.5	4.9	3.9
Tokyo	83	118	120	1.3	2.0	2.2
Kenagawa	45	60	54	1.8	2.5	2.3
Niigata	28	40	23	1.1	1.6	0.9
Toyama	18	13	18	1.8	1.3	1.8
Ishikawa	18	40	39	1.9	4.2	4.2
Fukui	7	14	10	0.9	1.9	1.4
Yamanashi	27	20	29	3.3	2.4	3.6
Nagano	54	76	49	2.6	3.6	2.4
Gifu	28	38	29	1.8	2.5	1.9
Shizuoka	62	75	55	2.5	3.1	2.3
Aichi	77	75	118	2.3	2.3	3.7
Mie	31	46	36	2.1	3.1	2.5
Shiga	13	10	10	1.5	1.1	1.2
Kyoto	25	38	32	1.4	2.1	1.8
Osaka	63	43	52	1.6	1.2	1.5
Hyogo	41	46	35	1.2	1.4	1.1
Nara	19	15	10	2.5	1.9	1.3
Wakayama	18	22	11	1.8	2.2	1.1
Tottori	16	10	9	2.6	1.7	1.5
Shimane	19	22	30	2.1	2.4	3.3
Okayama	29	51	48	1.7	3.1	2.9
Hiroshima	36	43	59	1.7	2.1	2.9
Yamaguchi	38	38	26	2.4	2.5	1.7
Tokushima	21	22	24	2.4	2.5	2.8
Kagawa	32	44	21	3.4	4.7	2.3
Ehime	57	73	73	3.7	4.8	5.0
Kochi	43	34	34	4.9	3.9	3.9
Fukuoka	80	93	73	2.3	2.7	2.2
Saga	26	38	32	2.7	4.0	3.5
Nagasaki	30	49	49	1.8	3.0	3.1
Kumamoto	51	59	42	2.8	3.2	2.4
Oita	29	40	34	2.3	3.2	2.7
Miyazaki	58	58	47	5.3	5.4	4.5
Kagoshima	70	99	63	3.9	5.5	3.6

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

ANTHRAX (662)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	2	11	4	0.0	0.0	0.0
Hokkaido	-	-	1	-	-	0.0
Aomori	-	-	-	-	-	-
Iwate	-	-	-	-	-	-
Miyagi	-	-	-	-	-	-
Akita	-	-	-	-	-	-
Yamagata	-	-	-	-	-	-
Fukushima	-	-	-	-	-	-
Ibaraki	-	-	-	-	-	-
Tochigi	-	-	-	-	-	-
Gumma	1	-	-	0.1	-	-
Saitama	-	-	-	-	-	-
Chiba	-	-	-	-	-	-
Tokyo	1	1	-	0.0	0.0	-
Kanagawa	-	2	2	-	0.1	0.1
Niigata	1	-	-	-	-	-
Toyama	-	4	-	-	0.4	-
Ishikawa	-	1	-	-	0.1	-
Fukui	-	-	-	-	-	-
Yamanashi	-	-	-	-	-	-
Nagano	-	-	1	-	-	0.0
Gifu	-	-	-	-	-	-
Shizuoka	-	-	-	-	-	-
Aichi	-	-	-	-	-	-
Mie	-	-	-	-	-	-
Shiga	-	-	-	-	-	-
Kyoto	-	-	-	-	-	-
Osaka	-	1	-	-	0.0	-
Hyogo	-	1	-	-	0.0	-
Nara	-	-	-	-	-	-
Wakayama	-	-	-	-	-	-
Tottori	-	-	-	-	-	-
Shimane	-	-	-	-	-	-
Okayama	-	-	-	-	-	-
Hiroshima	-	-	-	-	-	-
Yamaguchi	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-
Kagawa	-	-	-	-	-	-
Ehime	-	-	-	-	-	-
Kochi	-	-	-	-	-	-
Fukuoka	-	-	-	-	-	-
Saga	-	1	-	-	0.1	-
Nagasaki	-	-	-	-	-	-
Kumamoto	-	-	-	-	-	-
Oita	-	-	-	-	-	-
Miyazaki	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

GLANDERS (064.2)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	-	-	3	-	-	0.0
Hokkaido	-	-	-	-	-	-
Aomori	-	-	-	-	-	-
Iwate	-	-	-	-	-	-
Miyagi	-	-	-	-	-	-
Akita	-	-	-	-	-	-
Yamagata	-	-	-	-	-	-
Fukushima	-	-	-	-	-	-
Ibaraki	-	-	-	-	-	-
Tochigi	-	-	-	-	-	-
Gunma	-	-	-	-	-	-
Saitama	-	-	-	-	-	-
Chiba	-	-	-	-	-	-
Tokyo	-	-	-	-	-	-
Kanagawa	-	-	-	-	-	-
Niigata	-	-	-	-	-	-
Toyama	-	-	1	-	-	0.1
Ishikawa	-	-	-	-	-	-
Fukui	-	-	-	-	-	-
Yamanashi	-	-	-	-	-	-
Nagano	-	-	-	-	-	-
Gifu	-	-	-	-	-	-
Shizuoka	-	-	-	-	-	-
Aichi	-	-	-	-	-	-
Mie	-	-	-	-	-	-
Shiga	-	-	-	-	-	-
Kyoto	-	-	-	-	-	-
Osaka	-	-	-	-	-	-
Hyogo	-	-	-	-	-	-
Nara	-	-	-	-	-	-
Wakayama	-	-	1	-	-	0.1
Tottori	-	-	-	-	-	-
Shimane	-	-	-	-	-	-
Iwakaya	-	-	-	-	-	-
Hiroshima	-	-	-	-	-	-
Yamaguchi	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-
Kagawa	-	-	1	-	-	0.1
Ehime	-	-	-	-	-	-
Kochi	-	-	-	-	-	-
Fukuoka	-	-	-	-	-	-
Saga	-	-	-	-	-	-
Nagasaki	-	-	-	-	-	-
Kumamoto	-	-	-	-	-	-
Oita	-	-	-	-	-	-
Miyazaki	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

POLIOMYELITIS (080 - 081)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	3,211	3,140	980	3.8	3.8	1.2
Hokkaido	186	501	41	4.3	12.0	1.0
Aomori	24	187	6	1.9	14.9	0.5
Iwate	36	70	11	2.7	5.3	0.9
Miyagi	109	157	124	6.5	10.2	7.8
Akita	19	75	18	1.4	5.8	1.4
Yamagata	36	103	4	2.6	7.6	0.3
Fukushima	70	47	11	3.4	2.3	0.5
Ibaraki	71	38	11	3.5	1.8	0.5
Tochigi	43	14	16	2.8	0.9	1.0
Gumma	106	50	5	6.6	3.1	0.3
Seitama	119	60	14	5.5	2.8	0.7
Chiba	37	21	2	1.7	1.0	0.1
Tokyo	377	285	105	6.0	4.8	1.9
Kanagawa	109	101	35	4.3	4.2	1.5
Niigata	66	41	23	2.7	1.7	0.9
Toyama	45	48	13	4.4	4.8	1.3
Ishikawa	23	66	17	2.4	6.9	1.8
Fukui	26	55	2	3.4	7.4	0.3
Yamanashi	32	6	3	3.9	0.7	0.4
Nagano	52	97	6	2.5	4.7	0.3
Gifu	20	35	9	1.3	2.3	0.6
Shizuoka	111	82	21	4.5	3.3	0.9
Aichi	59	116	3	1.7	3.5	0.1
Mie	108	44	1	7.3	3.0	0.1
Shiga	3	7	1	0.3	0.8	0.1
Kyoto	21	41	22	1.1	2.3	1.2
Osaka	174	41	40	4.5	1.1	1.1
Hyogo	77	99	9	2.3	3.0	0.3
Nara	17	13	1	2.2	1.7	0.1
Wakayama	40	11	2	4.0	1.1	0.2
Tottori	14	14	13	2.3	2.3	2.2
Shimane	11	15	11	1.2	1.6	1.2
Okayama	62	63	92	3.7	3.8	5.6
Hiroshima	31	13	30	1.5	0.6	1.5
Yamaguchi	102	18	17	6.6	1.2	1.1
Tokushima	34	35	5	3.8	4.0	0.6
Kagawa	16	20	4	1.7	2.1	0.4
Ehime	100	58	11	6.5	3.8	0.7
Kochi	22	12	3	2.5	1.4	0.3
Fukuoka	225	113	76	6.3	3.3	2.3
Saga	31	41	14	3.3	4.3	1.5
Nagasaki	17	32	22	1.0	2.0	1.4
Kumamoto	61	28	50	3.3	1.5	2.8
Oita	115	79	30	9.1	6.3	2.4
Miyazaki	124	71	9	11.3	6.6	0.9
Kagoshima	30	17	17	1.7	0.9	1.0

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

JAPANESE "B" ENCEPHALITIS (082a)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	5,182	1,284	7,208	6.2	1.6	9.0
Hokkaido	-	1	7	-	0.0	0.2
Aomori	31	-	46	2.4	-	3.8
Iwate	30	-	140	2.2	-	10.9
Miyagi	65	3	165	3.9	0.2	10.4
Akita	97	-	139	7.4	-	10.9
Yamagata	187	1	152	13.7	0.1	11.4
Fukushima	12	-	66	0.6	-	3.3
Ibaraki	136	31	335	6.6	1.5	16.5
Tochigi	37	2	88	2.4	0.1	5.7
Gumma	42	22	143	2.6	1.4	8.9
Saitama	134	15	299	6.2	0.7	14.1
Chiba	41	6	337	1.9	0.3	15.8
Tokyo	1182	216	1,969	18.7	3.7	36.5
Kanagawa	273	115	589	10.9	4.8	25.6
Niigata	184	9	239	7.4	0.4	9.9
Toyama	93	24	105	9.2	2.4	10.6
Ishikawa	75	21	81	7.8	2.2	8.6
Fukui	38	-	65	5.0	-	8.9
Yamanashi	75	2	111	9.2	0.2	13.7
Nagano	254	29	191	12.2	1.4	9.2
Gifu	44	7	107	2.8	0.5	7.1
Shizuoka	160	49	377	6.4	2.0	15.7
Aichi	99	75	389	2.9	2.3	12.1
Mie	20	36	84	1.4	2.5	5.8
Shiga	5	6	62	0.6	0.7	7.1
Kyoto	53	25	34	2.9	1.4	1.9
Osaka	205	105	100	5.3	2.8	2.9
Hyogo	262	12	136	7.9	0.4	4.3
Nara	26	23	15	3.4	3.0	1.9
Wakayama	54	-	18	5.5	-	1.8
Tottori	39	2	27	6.5	0.3	4.6
Shimane	89	-	18	9.7	-	2.0
Okayama	245	42	69	14.6	2.5	4.2
Hiroshima	149	84	34	7.1	4.0	1.7
Yamaguchi	113	76	30	7.3	5.0	2.0
Tokushima	16	9	26	1.8	1.0	3.0
Kagawa	43	12	18	4.5	1.3	1.9
Ehime	54	17	64	3.5	1.1	4.3
Kochi	41	10	34	4.7	1.1	3.9
Fukuoka	154	15	45	4.3	0.4	1.4
Saga	40	19	26	4.2	2.0	2.8
Nagasaki	46	4	32	2.8	0.2	2.1
Kumamoto	56	86	47	3.0	4.7	2.6
Oita	29	11	11	2.3	0.9	0.9
Miyazaki	71	26	66	6.5	2.4	6.3
Kagoshima	83	37	72	4.6	2.1	4.1

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

SMALLPOX (084)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	5	124	29	0.0	0.2	0.0
Hokkaido	-	-	9	-	-	0.2
Aomori	-	-	-	-	-	-
Iwate	-	-	-	-	-	-
Miyagi	1	-	-	0.1	-	-
Akita	-	1	-	-	0.1	-
Yamagata	-	-	-	-	-	-
Fukushima	-	-	-	-	-	-
Ibarak	-	-	1	-	-	0.0
Tochigi	-	-	-	-	-	-
Gunma	-	-	-	-	-	-
Saitama	-	-	-	-	-	-
Chiba	-	-	2	-	-	0.1
Tokyo	-	3	-	-	0.1	-
Kanagawa	1	2	-	0.0	0.1	-
Niigata	-	1	-	-	0.0	-
Toyama	-	-	-	-	-	-
Ishikawa	-	-	-	-	-	-
Fukui	-	-	-	-	-	-
Yamanashi	-	-	-	-	-	-
Nagano	-	-	-	-	-	-
Gifu	-	-	1	-	-	0.1
Shizuoka	-	-	1	-	-	0.0
Aichi	-	-	-	-	-	-
Mie	-	2	-	-	0.1	-
Shiga	-	-	-	-	-	-
Kyoto	-	-	2	-	-	0.1
Osaka	-	62	2	-	1.7	0.1
Hyogo	-	-	-	-	-	-
Nara	-	1	-	-	0.1	-
Wakayama	-	9	1	-	0.9	0.1
Tottori	1	3	-	0.2	0.5	-
Shimane	-	-	1	-	-	0.1
Okayama	-	-	2	-	-	0.1
Hiroshima	-	-	1	-	-	0.0
Yamaguchi	-	12	-	-	0.8	-
Tokushima	-	-	-	-	-	-
Kagawa	-	-	-	-	-	-
Ehime	-	4	-	-	0.3	-
Kochi	-	-	-	-	-	-
Fukuoka	-	21	1	-	0.6	0.0
Saga	-	-	5	-	-	0.5
Nagasaki	2	1	-	0.1	0.1	-
Kumamoto	-	-	-	-	-	-
Oita	-	2	-	-	0.2	-
Miyazaki	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE, JAPAN, 1948 - 1950 Cont'd

MEASLES (085)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	56,147	165,308	54,698	67.2	201.1	68.6
Hokkaido	3,403	10,924	4,158	78.7	261.1	104.0
Aomori	601	1,290	738	46.5	102.5	60.9
Iwate	1,888	1,072	1,053	139.2	80.7	81.8
Miyagi	890	1,668	1,076	53.1	101.7	67.8
Akita	713	1,450	417	54.1	111.2	32.7
Yamagata	492	1,423	714	36.0	104.6	53.3
Fukushima	1,179	2,269	827	56.8	110.3	41.0
Ibaraki	420	2,935	657	20.4	142.9	32.3
Tochigi	1,456	878	256	93.2	56.2	16.5
Gunma	1,959	2,959	418	121.4	183.2	26.1
Saitama	4,151	4,058	92	192.0	188.6	4.3
Chiba	537	1,817	99	24.9	84.4	4.7
Tokyo	2,775	11,724	1,005	43.9	199.3	18.7
Kanagawa	1,546	3,458	201	61.7	143.1	8.7
Niigata	859	5,578	1,715	34.7	226.5	70.8
Toyama	205	5,919	1,048	20.2	586.3	105.6
Ishikawa	138	2,931	827	14.3	306.8	88.3
Fukui	2,189	2,168	1,370	288.9	290.1	187.9
Yamanashi	338	1,844	49	41.4	225.3	6.0
Nagano	2,226	3,673	1,070	107.2	176.3	51.7
Gifu	2,813	2,544	2,089	180.8	164.8	137.8
Shizuoka	2,087	3,449	930	83.8	140.5	38.8
Aichi	3,942	7,553	1,087	115.4	226.9	33.9
Mie	381	4,652	1,373	25.9	317.5	95.1
Shiga	254	5,452	525	29.3	625.1	60.5
Kyoto	97	6,298	930	5.3	346.1	52.4
Osaka	319	5,909	894	8.2	159.3	25.6
Hyogo	1,207	4,738	1,364	36.2	145.7	43.5
Nara	77	1,363	105	10.0	175.7	13.6
Wakayama	125	1,830	398	12.6	185.4	40.8
Tottori	49	873	887	8.1	145.5	150.4
Shimane	25	5,806	988	2.7	635.6	110.0
Okayama	1,979	1,208	3,437	118.3	72.5	209.4
Hiroshima	2,010	5,122	4,756	95.9	246.7	233.7
Yamaguchi	240	2,923	372	15.5	190.7	24.9
Tokushima	1,708	690	1,674	193.1	78.5	193.7
Kagawa	2,455	789	2,223	257.6	83.4	239.3
Ehime	2,437	1,620	4,155	159.0	107.2	282.1
Kochi	1,442	423	2,171	163.8	48.3	252.1
Fukuoka	1,595	14,700	2,238	44.9	427.1	67.9
Saga	481	3,652	316	50.5	386.9	34.1
Nagasaki	739	3,948	805	44.6	244.4	51.7
Kumamoto	345	4,195	1,237	18.7	230.8	69.6
Oita	69	2,306	644	7.5	183.5	52.0
Miyazaki	405	1,696	390	36.8	157.3	37.3
Kagoshima	901	1,531	920	49.6	85.2	52.4

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

DENGUE FEVER (090)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	1	5	6	0.0	0.0	0.0
Hokkaido	-	-	-	-	-	-
Aomori	-	-	-	-	-	-
Iwate	-	-	-	-	-	-
Miyagi	-	-	-	-	-	-
Akita	-	-	-	-	-	-
Yamagata	-	-	-	-	-	-
Fukushima	-	-	-	-	-	-
Ibarak	-	-	-	-	-	-
Tochigi	-	-	-	-	-	-
Gunma	-	-	-	-	-	-
Saitama	-	-	-	-	-	-
Chiba	-	-	-	-	-	-
Tokyo	-	-	-	-	-	-
Kanagawa	-	-	-	-	-	-
Niigata	-	-	-	-	-	-
Toyama	-	-	-	-	-	-
Ishikawa	-	-	-	-	-	-
Fukui	-	-	-	-	-	-
Yamanashi	-	-	-	-	-	-
Nagano	-	-	-	-	-	-
Gifu	-	-	-	-	-	-
Shizuoka	-	-	-	-	-	-
Aichi	-	-	-	-	-	-
Mie	-	-	-	-	-	-
Shiga	-	-	-	-	-	-
Kyoto	-	-	-	-	-	-
Osaka	1	1	-	0.0	0.0	-
Hyogo	-	-	-	-	-	-
Nara	-	-	-	-	-	-
Wakayama	-	-	-	-	-	-
Tottori	-	-	-	-	-	-
Shimane	-	-	-	-	-	-
Okayama	-	-	-	-	-	-
Hiroshima	-	-	-	-	-	-
Yamaguchi	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-
Kagawa	-	-	-	-	-	-
Ehime	-	-	3	-	-	0.2
Kochi	-	-	-	-	-	-
Fukuoka	-	2	1	-	.1	0.0
Saga	-	-	-	-	-	-
Nagasaki	-	-	-	-	-	-
Kumamoto	-	2	2	-	0.1	0.1
Oita	-	-	-	-	-	-
Miyazaki	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

RABIES (094)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	57	76	44	0.1	0.1	0.1
Hokkaido	-	-	-	-	-	-
Aomori	-	-	-	-	-	-
Iwate	-	-	-	-	-	-
Miyagi	-	-	-	-	-	-
Akita	-	-	-	-	-	-
Yamagata	-	-	-	-	-	-
Fukushima	-	-	-	-	-	-
Ibaraki	2	3	-	0.1	0.1	-
Tochigi	7	1	-	0.4	0.1	-
Gumma	12	6	-	0.7	0.4	-
Saitama	10	14	6	0.5	0.7	0.3
Chiba	8	23	8	0.4	1.1	0.4
Tokyo	8	18	22	0.1	0.3	0.4
Kanagawa	8	9	2	0.3	0.4	0.1
Niigata	-	1	-	-	0.0	-
Toyama	-	-	-	-	-	-
Ishikawa	-	-	-	-	-	-
Fukui	-	-	-	-	-	-
Yamanashi	-	-	-	-	-	-
Nagano	-	-	-	-	-	-
Gifu	-	-	-	-	-	-
Shizuoka	2	-	-	0.1	-	-
Aichi	-	-	-	-	-	-
Mie	-	-	-	-	-	-
Shiga	-	-	-	-	-	-
Kyoto	-	-	-	-	-	-
Osaka	-	-	-	-	-	-
Hyoogo	-	-	-	-	-	-
Nara	-	-	-	-	-	-
Wakayama	-	-	-	-	-	-
Tottori	-	-	-	-	-	-
Shimane	-	-	-	-	-	-
Okayama	-	-	4	-	-	0.2
Hiroshima	-	-	-	-	-	-
Yamaguchi	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-
Kagawa	-	-	-	-	-	-
Ehime	-	-	-	-	-	-
Kochi	-	-	-	-	-	-
Fukuoka	-	1	1	-	0.0	0.0
Saga	-	-	-	-	-	-
Nagasaki	-	-	1	-	-	0.1
Kumamoto	-	-	-	-	-	-
Oita	-	-	-	-	-	-
Miyazaki	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED
COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

TRACHOMA (095)						
Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	156,157	176,279	150,215	186.9	214.5	188.3
Hokkaido	10,079	11,194	10,797	233.0	267.6	270.1
Aomori	4,254	8,997	3,963	329.2	715.6	327.2
Iwate	6,473	4,078	3,228	477.1	307.0	250.8
Miyagi	5,252	6,258	7,342	313.5	381.7	462.6
Akita	6,875	4,598	4,262	521.4	352.6	334.0
Yamagata	3,674	2,477	4,918	268.7	182.1	367.4
Fukushima	2,074	3,287	4,104	99.8	159.8	203.7
Ibaraki	3,353	4,426	3,265	163.2	215.5	160.6
Tochigi	2,453	2,229	2,534	157.1	142.6	163.5
Gumma	6,558	10,559	3,700	406.5	653.8	231.2
Saitama	6,128	5,848	2,801	283.5	271.7	132.1
Chiba	3,208	2,671	2,129	148.9	124.1	100.0
Tokyo	5,931	6,939	5,887	93.8	118.0	109.3
Kanagawa	5,520	3,862	3,355	220.3	159.8	145.6
Niigata	1,615	2,326	2,024	65.1	94.4	83.6
Toyama	2,207	2,768	2,270	217.2	274.2	228.7
Ishikawa	1,100	923	1,361	114.1	96.6	145.3
Fukui	1,367	1,249	1,022	180.4	167.1	140.2
Yamanashi	1,367	1,021	501	167.3	124.8	61.8
Nagano	2,213	1,999	1,966	106.6	96.0	95.1
Gifu	1,772	2,492	1,587	113.9	161.4	104.7
Shizuoka	2,866	4,616	3,360	115.1	188.1	140.4
Aichi	9,832	12,790	8,828	287.9	384.3	275.2
Mie	1,524	1,889	1,579	103.5	128.9	109.4
Shiga	1,154	850	700	133.0	97.5	80.6
Kyoto	1,411	2,209	2,886	76.4	121.4	162.7
Osaka	6,505	9,184	6,303	167.4	247.7	180.3
Hyogo	7,752	6,112	7,601	232.6	187.9	242.2
Nara	844	832	770	109.7	107.2	99.5
Wakayama	2,443	2,861	1,005	246.9	289.9	103.1
Tottori	508	1,016	573	84.0	169.3	97.2
Shimane	592	1,003	1,622	64.4	109.8	180.6
Okayama	2,445	3,707	2,857	146.1	222.5	174.1
Hiroshima	8,032	5,626	5,474	383.0	270.9	269.0
Yamaguchi	970	1,021	959	62.5	66.6	64.1
Tokushima	1,602	3,124	3,473	181.1	355.4	401.9
Kagawa	1,719	3,463	1,520	180.4	366.1	163.6
Ehime	2,209	2,335	3,925	144.1	154.6	266.5
Kochi	632	1,431	841	71.8	163.5	97.6
Fukuoka	8,128	8,170	11,498	228.6	237.4	349.1
Saga	1,597	718	1,282	167.8	76.1	138.5
Nagasaki	2,581	2,444	1,490	155.7	151.3	95.7
Kumamoto	1,741	2,697	2,385	94.6	148.4	134.3
Oita	2,165	1,580	1,274	171.5	125.7	102.9
Miyazaki	1,784	3,929	1,468	152.3	364.3	140.3
Kagoshima	1,648	2,471	3,526	90.7	137.6	200.8

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

TYPHUS FEVER (100)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	938	121	474	1.1	0.1	0.6
Hokkaido	117	1	5	2.7	0.0	0.1
Aomori	9	-	18	0.7	-	1.5
Iwate	6	-	7	0.4	-	0.5
Miyagi	7	13	4	0.4	0.8	0.3
Akita	-	-	5	-	-	0.4
Yamagata	4	1	4	0.3	0.1	0.3
Fukushima	4	11	4	0.2	0.5	0.2
Ibaraki	11	-	5	0.5	-	0.2
Tochigi	1	-	-	0.1	-	-
Gunma	24	-	-	1.5	-	-
Saitama	4	2	10	0.2	0.1	0.5
Chiba	19	1	6	0.9	0.0	0.3
Tokyo	233	23	55	3.7	0.4	1.0
Kanagawa	423	11	47	16.9	0.5	2.0
Niigata	-	-	2	-	-	0.1
Toyama	-	-	6	-	-	0.6
Ishikawa	-	-	1	-	-	0.1
Fukui	-	-	-	-	-	-
Yamanashi	-	-	-	-	-	-
Nagano	4	-	1	0.2	-	0.0
Gifu	-	-	10	-	-	0.7
Shizuoka	3	-	-	0.1	-	-
Aichi	1	-	4	0.0	-	0.1
Mie	-	2	1	-	0.1	0.1
Shiga	-	-	1	-	-	0.1
Kyoto	-	-	38	-	-	2.1
Osaka	15	27	150	0.4	0.7	4.3
Hyogo	32	1	3	1.0	0.0	0.1
Nara	1	-	21	0.1	-	2.7
Wakayama	-	4	-	-	0.4	-
Tottori	-	-	-	-	-	-
Shimane	1	10	12	0.1	1.1	1.3
Okayama	2	-	-	0.1	-	-
Hiroshima	13	1	12	0.6	0.0	0.6
Yamaguchi	-	-	1	-	-	0.1
Tokushima	-	-	-	-	-	-
Kagawa	2	-	8	0.2	-	0.9
Ehime	-	-	-	-	-	-
Kochi	-	-	-	-	-	-
Fukuoka	-	1	4	-	0.0	0.1
Saga	-	-	-	-	-	-
Nagasaki	2	11	26	0.1	0.7	1.7
Kumamoto	-	1	3	-	0.1	0.2
Oita	-	-	-	-	-	-
Miyazaki	-	-	-	-	-	-
Kagoshima	-	-	-	-	-	-

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE, JAPAN, 1948 - 1950 Cont'd

TSUTSUGAMUSHI DISEASE (105)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	116	NA	NA	0.1	NA	NA
Hokkaido	-	NA	NA	-	NA	NA
Aomori	-	NA	NA	-	NA	NA
Iwate	-	NA	NA	-	NA	NA
Miyagi	-	NA	NA	-	NA	NA
Akita	18	NA	NA	1.4	NA	NA
Yamagata	2	NA	NA	0.1	NA	NA
Fukushima	-	NA	NA	-	NA	NA
Ibaraki	-	NA	NA	-	NA	NA
Tochigi	-	NA	NA	-	NA	NA
Gumma	-	NA	NA	-	NA	NA
Saitama	-	NA	NA	-	NA	NA
Chiba	-	NA	NA	-	NA	NA
Tokyo	-	NA	NA	-	NA	NA
Kanagawa	-	NA	NA	-	NA	NA
Niigata	96	NA	NA	3.9	NA	NA
Toyama	-	NA	NA	-	NA	NA
Ishikawa	-	NA	NA	-	NA	NA
Fukui	-	NA	NA	-	NA	NA
Yamanashi	-	NA	NA	-	NA	NA
Nagano	-	NA	NA	-	NA	NA
Gifu	-	NA	NA	-	NA	NA
Shizuoka	-	NA	NA	-	NA	NA
Aichi	-	NA	NA	-	NA	NA
Mie	-	NA	NA	-	NA	NA
Shiga	-	NA	NA	-	NA	NA
Kyoto	-	NA	NA	-	NA	NA
Osaka-	-	NA	NA	-	NA	NA
Hyogo	-	NA	NA	-	NA	NA
Nara	-	NA	NA	-	NA	NA
Wakayama	-	NA	NA	-	NA	NA
Tottori	-	NA	NA	-	NA	NA
Shimane	-	NA	NA	-	NA	NA
Okayama	-	NA	NA	-	NA	NA
Hiroshima	-	NA	NA	-	NA	NA
Yamaguchi	-	NA	NA	-	NA	NA
Tokushima	-	NA	NA	-	NA	NA
Kagawa	-	NA	NA	-	NA	NA
Ehime	-	NA	NA	-	NA	NA
Kochi	-	NA	NA	-	NA	NA
Fukuoka	-	NA	NA	-	NA	NA
Saga-	-	NA	NA	-	NA	NA
Nagasaki	-	NA	NA	-	NA	NA
Kumamoto	-	NA	NA	-	NA	NA
Oita	-	NA	NA	-	NA	NA
Miyazaki	-	NA	NA	-	NA	NA
Kagoshima	-	NA	NA	-	NA	NA

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

MALARIA (110-117)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	1,017	3,732	4,940	1.2	4.5	6.2
Hokkaido	18	48	110	0.4	1.1	2.8
Aomori	10	54	40	0.8	4.3	3.3
Iwate	4	17	33	0.3	1.3	2.6
Miyagi	7	15	33	0.4	0.9	2.1
Akita	10	16	26	0.8	1.2	2.0
Yamagata	8	31	24	0.6	2.3	1.8
Fukushima	11	25	43	0.5	1.2	2.1
Ibaraki	20	38	49	1.0	1.8	2.4
Tochigi	7	20	38	0.4	1.3	2.5
Gumma	16	11	15	1.0	0.7	0.9
Saitama	21	34	26	1.0	1.6	1.2
Chiba	14	41	33	0.6	1.9	1.6
Tokyo	60	131	312	0.9	2.2	5.8
Kanagawa	15	39	82	0.6	1.6	3.6
Niigata	11	46	103	0.4	1.9	4.3
Toyama	13	23	50	1.3	2.3	5.0
Ishikawa	15	18	32	1.6	1.9	3.4
Fukui	21	32	25	2.8	4.3	3.4
Yamanashi	10	14	23	1.2	1.7	2.8
Nagano	8	24	16	0.4	1.2	0.8
Gifu	19	26	42	1.2	1.7	2.8
Shizuoka	8	24	43	0.3	1.0	1.8
Aichi	53	68	49	1.6	2.0	1.5
Mie	34	32	61	2.3	2.2	4.2
Shiga	292	2,200	2,258	33.7	252.2	260.1
Kyoto	23	132	86	1.2	7.3	4.8
Osaka	14	25	55	0.4	0.7	1.6
Hyogo	24	56	66	0.7	1.7	2.1
Nara	6	14	31	0.8	1.8	4.0
Wakayama	9	11	20	0.9	1.1	2.1
Tottori	5	26	47	0.8	4.3	8.0
Shimane	7	15	34	0.8	1.6	3.8
Okayama	17	30	51	1.0	1.8	3.1
Hiroshima	22	47	110	1.0	2.3	5.4
Yamaguchi	16	31	47	1.0	2.0	3.1
Tokushima	6	10	22	0.7	1.1	2.5
Kagawa	4	27	24	0.4	2.9	2.6
Ehime	12	33	107	0.8	2.2	7.3
Kochi	6	16	21	0.7	1.8	2.4
Fukuoka	49	68	246	1.4	2.0	7.5
Saga	14	16	41	1.5	1.7	4.4
Nagasaki	27	40	68	1.6	2.5	4.4
Kumamoto	15	34	63	0.8	1.9	3.5
Oita	11	20	54	0.9	1.6	4.4
Miyazaki	6	24	23	0.5	2.2	2.2
Kagoshima	19	30	158	1.0	1.7	9.0

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

SCHISTOSOMIASIS (123.2)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	918	NA	NA	1.1	NA	NA
Hokkaido	-	NA	NA	-	NA	NA
Aomori	-	NA	NA	-	NA	NA
Iwate	-	NA	NA	-	NA	NA
Miyagi	-	NA	NA	-	NA	NA
Akita	-	NA	NA	-	NA	NA
Yamagata	-	NA	NA	-	NA	NA
Fukushima	-	NA	NA	-	NA	NA
Ibaraki	1	NA	NA	0.0	NA	NA
Tochigi	-	NA	NA	-	NA	NA
Gunma	-	NA	NA	-	NA	NA
Saitama	1	NA	NA	0.0	NA	NA
Chiba	2	NA	NA	0.1	NA	NA
Tokyo	1	NA	NA	0.0	NA	NA
Kanagawa	-	NA	NA	-	NA	NA
Niigata	-	NA	NA	-	NA	NA
Toyama	-	NA	NA	-	NA	NA
Ishikawa	-	NA	NA	-	NA	NA
Fukui	-	NA	NA	-	NA	NA
Yamanashi	643	NA	NA	78.7	NA	NA
Nagano	-	NA	NA	-	NA	NA
Gifu	-	NA	NA	-	NA	NA
Shizuoka	-	NA	NA	-	NA	NA
Aichi	-	NA	NA	-	NA	NA
Mie	-	NA	NA	-	NA	NA
Shiga	-	NA	NA	-	NA	NA
Kyoto	-	NA	NA	-	NA	NA
Osaka	-	NA	NA	-	NA	NA
Hyogo	-	NA	NA	-	NA	NA
Nara	-	NA	NA	-	NA	NA
Wakayama	-	NA	NA	-	NA	NA
Tottori	-	NA	NA	-	NA	NA
Shimane	-	NA	NA	-	NA	NA
Okayama	-	NA	NA	-	NA	NA
Hiroshima	76	NA	NA	3.6	NA	NA
Yamaguchi	-	NA	NA	-	NA	NA
Tokushima	-	NA	NA	-	NA	NA
Kagawa	-	NA	NA	-	NA	NA
Ehime	-	NA	NA	-	NA	NA
Kochi	-	NA	NA	-	NA	NA
Fukuoka	83	NA	NA	2.3	NA	NA
Saga	109	NA	NA	11.4	NA	NA
Nagasaki	-	NA	NA	-	NA	NA
Kumamoto	1	NA	NA	0.1	NA	NA
Oita	-	NA	NA	-	NA	NA
Miyazaki	-	NA	NA	-	NA	NA
Kagoshima	1	NA	NA	0.1	NA	NA

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE, JAPAN, 1948 - 1950 Cont'd

FILARIASIS (127)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	106	NA	NA	0.1	NA	NA
Hokkaido	-	NA	NA	-	NA	NA
Aomori	-	NA	NA	-	NA	NA
Iwate	-	NA	NA	-	NA	NA
Miyagi	-	NA	NA	-	NA	NA
Akita	1	NA	NA	0.1	NA	NA
Yamagata	-	NA	NA	-	NA	NA
Fukushima	1	NA	NA	0.0	NA	NA
Ibaraki	-	NA	NA	-	NA	NA
Tochigi	-	NA	NA	-	NA	NA
Gunma	-	NA	NA	-	NA	NA
Seitama	1	NA	NA	0.0	NA	NA
Chiba	1	NA	NA	0.0	NA	NA
Tokyo	3	NA	NA	0.0	NA	NA
Kanagawa	-	NA	NA	-	NA	NA
Niigata	-	NA	NA	-	NA	NA
Toyama	-	NA	NA	-	NA	NA
Ishikawa	-	NA	NA	-	NA	NA
Fukui	-	NA	NA	-	NA	NA
Yamanashi	8	NA	NA	1.0	NA	NA
Nagano	1	NA	NA	0.0	NA	NA
Gifu	-	NA	NA	-	NA	NA
Shizuoka	3	NA	NA	0.1	NA	NA
Aichi	-	NA	NA	-	NA	NA
Mie	-	NA	NA	-	NA	NA
Shiga	-	NA	NA	-	NA	NA
Kyoto	-	NA	NA	-	NA	NA
Osaka	2	NA	NA	0.1	NA	NA
Hyogo	3	NA	NA	0.1	NA	NA
Nara	-	NA	NA	-	NA	NA
Wakayama	4	NA	NA	0.4	NA	NA
Tottori	-	NA	NA	-	NA	NA
Shimane	1	NA	NA	0.1	NA	NA
Okayama	1	NA	NA	0.1	NA	NA
Hiroshima	-	NA	NA	-	NA	NA
Yamaguchi	1	NA	NA	-	NA	NA
Tokushima	-	NA	NA	-	NA	NA
Kagawa	-	NA	NA	-	NA	NA
Ehime	9	NA	NA	0.6	NA	NA
Kochi	2	NA	NA	0.2	NA	NA
Fukuoka	3	NA	NA	0.1	NA	NA
Saga	3	NA	NA	0.3	NA	NA
Nagasaki	3	NA	NA	0.2	NA	NA
Kumamoto	16	NA	NA	0.9	NA	NA
Oita	2	NA	NA	0.2	NA	NA
Miyazaki	12	NA	NA	1.1	NA	NA
Kagoshima	26	NA	NA	1.4	NA	NA

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE, JAPAN, 1948 - 1950 Cont'd

INFLUENZA (480-483)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	39,296	2,957	2,822	47.0	3.6	3.5
Hokkaido	6,367	81	159	147.2	1.9	4.0
Aomori	15	32	17	1.2	2.5	1.4
Iwate	-	-	34	-	-	2.6
Miyagi	41	34	13	2.4	2.1	0.8
Akita	1,154	-	-	87.5	-	-
Yamagata	47	1	10	3.4	0.1	0.7
Fukushima	-	9	28	-	0.4	1.4
Ibaraki	1,160	4	-	56.5	0.2	-
Tochigi	36	6	57	2.3	0.4	3.7
Guma	414	76	34	25.7	4.7	2.1
Seitama	361	63	70	16.7	2.9	3.3
Chiba	232	4	-	10.8	0.2	-
Tokyo	507	95	143	8.0	1.6	2.7
Kanagawa	289	20	63	11.5	0.8	2.7
Niigata	796	182	50	32.1	7.4	2.1
Toyama	1,013	41	73	99.7	4.1	7.4
Ishikawa	292	58	84	30.3	6.1	9.0
Fukui	988	125	100	130.4	16.7	13.7
Yamanashi	283	15	21	34.6	1.8	2.6
Nagano	173	82	35	8.3	3.9	1.7
Gifu	2,553	36	40	164.1	2.3	2.6
Shizuoka	467	43	24	18.8	1.8	1.0
Aichi	1,365	71	94	40.0	2.1	2.9
Mie	1,899	73	13	129.0	5.0	0.9
Shiga	450	35	208	51.9	4.0	24.0
Kyoto	1,857	21	121	100.6	1.2	6.8
Osaka	505	237	118	13.0	6.4	3.4
Hyogo	2,467	103	28	74.0	3.2	0.9
Nara	439	13	9	57.1	1.7	1.2
Wakayama	2,830	71	68	286.1	7.2	7.0
Tottori	186	16	12	30.8	2.7	2.0
Shimane	1,074	68	42	116.8	7.4	4.7
Okayama	1,004	217	59	60.0	13.0	3.6
Hiroshima	162	101	299	7.7	4.9	14.7
Yamaguchi	1,105	167	8	71.2	10.9	0.5
Tokushima	311	56	71	35.2	6.4	8.2
Kagawa	868	159	10	91.1	16.8	1.1
Ehime	2,575	133	150	168.0	8.8	10.2
Kochi	10	8	4	1.1	0.9	0.5
Fukuoka	919	40	318	25.8	1.2	9.7
Saga	1,150	17	11	120.8	1.8	1.2
Nagasaki	258	54	9	15.6	3.3	0.6
Kumamoto	59	32	31	3.2	1.8	1.7
Oita	418	204	81	33.1	16.2	6.5
Miyazaki	196	54	-	17.8	5.0	-
Kagoshima	1	-	3	0.1	-	0.2

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED
COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

PNEUMONIA (490-493, 763)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	147,633	139,769	110,649	176.7	170.0	138.7
Hokkaido	7,974	10,272	8,362	184.3	245.5	209.2
Aomori	2,548	2,408	2,058	197.2	191.4	169.9
Iwate	3,891	2,916	1,831	286.8	219.5	142.3
Miyagi	3,375	3,549	2,753	201.5	216.5	173.4
Akita	2,485	2,334	2,027	188.5	179.0	158.9
Yamagata	2,223	2,760	1,496	162.6	202.9	111.8
Fukushima	3,630	3,882	3,209	174.7	188.7	159.3
Ibarak	3,437	4,273	3,565	167.3	208.0	175.4
Tochigi	2,946	2,310	1,964	188.6	147.7	126.8
Gumma	4,931	4,113	2,231	305.7	254.7	139.4
Saitama	9,552	5,181	1,874	441.8	240.7	88.4
Chiba	2,137	1,760	1,085	99.2	81.8	51.0
Tokyo	5,658	8,597	6,204	89.5	146.2	115.2
Kanagawa	4,263	4,201	3,167	170.1	173.8	137.4
Niigata	4,309	5,223	4,454	173.8	212.1	183.9
Toyama	5,930	4,906	3,857	583.6	485.9	388.6
Ishikawa	1,826	1,901	2,077	189.4	199.0	221.7
Fukui	2,084	1,386	925	275.0	185.4	126.9
Yamanashi	1,330	1,271	696	162.8	155.3	85.9
Nagano	5,999	4,537	2,609	289.0	217.8	126.2
Gifu	2,869	2,909	2,582	184.4	188.4	170.4
Shizuoka	3,306	3,445	2,425	132.8	139.2	101.3
Aichi	5,730	4,731	3,211	167.8	142.1	100.1
Mie	2,631	2,703	1,804	178.8	184.5	125.0
Shiga	2,365	2,215	1,184	272.7	254.0	136.4
Kyoto	1,917	2,576	1,740	103.8	141.6	98.1
Osaka	2,887	3,146	2,614	74.3	84.8	74.8
Hyogo	3,334	4,007	1,602	100.0	123.2	51.0
Nara	823	714	470	107.0	92.0	60.7
Wakayama	1,492	1,315	1,949	150.8	133.2	200.0
Tottori	1,022	925	926	169.0	154.1	157.0
Shimane	1,425	1,729	2,786	155.0	189.3	310.2
Okayama	3,609	2,672	1,917	215.7	160.4	116.8
Hiroshima	4,189	3,047	3,585	199.8	146.7	176.2
Yamaguchi	1,358	1,848	1,255	87.5	120.6	83.8
Tokushima	1,469	1,223	2,018	166.0	139.1	233.5
Kagawa	2,395	1,452	1,125	251.3	153.5	121.1
Ehime	4,309	3,936	5,025	281.1	260.6	341.2
Kochi	1,401	948	1,513	159.2	108.3	175.7
Fukuoka	4,910	5,249	5,096	135.3	152.5	154.7
Saga	2,509	1,817	2,032	263.6	192.5	219.5
Nagasaki	2,213	2,090	1,821	133.5	129.4	117.0
Numamoto	3,610	2,718	1,881	195.1	149.5	105.9
Oita	1,468	1,094	1,074	116.3	87.0	86.7
Miyazaki	2,199	1,919	921	200.0	177.9	88.0
Kagoshima	1,765	1,591	1,649	97.1	88.6	92.9

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED
COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

INFECTIOUS DIARRHEA (571, 572, 764)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	95	770	NA	0.1	0.9	NA
Hokkaido	24	-	NA	0.6	-	NA
Aomori	-	-	NA	-	-	NA
Iwate	-	5	NA	-	0.4	NA
Miyagi	1	-	NA	0.1	-	NA
Akita	-	-	NA	-	-	NA
Yamagata	-	-	NA	-	-	NA
Fukushima	-	-	NA	-	-	NA
Ibaraki	1	22	NA	0.0	1.1	NA
Tochigi	9	16	NA	0.6	1.0	NA
Gunma	-	20	NA	-	1.2	NA
Saitama	4	-	NA	0.2	-	NA
Chiba	1	-	NA	0.0	-	NA
Tokyo	-	6	NA	-	0.1	NA
Kanagawa	-	-	NA	-	-	NA
Niigata	2	17	NA	0.1	0.7	NA
Toyama	-	8	NA	-	0.8	NA
Ishikawa	-	1	NA	-	0.1	NA
Fukui	1	17	NA	0.1	2.3	NA
Yamanashi	-	-	NA	-	-	NA
Nagano	-	21	NA	-	1.0	NA
Gifu	-	151	NA	-	9.8	NA
Shizuoka	-	-	NA	-	-	NA
Aichi	27	5	NA	0.8	0.2	NA
Mie	-	-	NA	-	-	NA
Shiga	-	-	NA	-	-	NA
Kyoto	-	-	NA	-	-	NA
Osaka	1	-	NA	0.0	-	NA
Hyogo	1	19	NA	0.0	0.6	NA
Nara	-	-	NA	-	-	NA
Wakayama	1	5	NA	0.1	0.5	NA
Tottori	-	-	NA	-	-	NA
Shimane	3	57	NA	0.3	6.2	NA
Okayama	14	1	NA	0.8	0.1	NA
Hiroshima	-	210	NA	-	10.1	NA
Yamaguchi	-	154	NA	-	10.0	NA
Tokushima	-	-	NA	-	-	NA
Kagawa	1	-	NA	0.1	-	NA
Ehime	-	-	NA	-	-	NA
Kochi	-	13	NA	-	1.5	NA
Fukuoka	-	12	NA	-	0.3	NA
Saga	-	-	NA	-	-	NA
Nagasaki	1	3	NA	0.1	0.2	NA
Kumamoto	-	1	NA	-	0.1	NA
Oita	-	-	NA	-	-	NA
Miyazaki	3	6	NA	0.3	0.6	NA
Kagoshima	-	-	NA	-	-	NA

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

PUERPERAL INFECTION (645.1, 651, 680-684)

Area	Cases			Rates		
	1950*	1949	1948	1950*	1949	1948
All Japan	818	966	969	1.0	1.2	1.2
Hokkaido	54	107	85	1.2	2.6	2.1
Aomori	27	31	17	2.1	2.5	1.4
Iwate	21	14	14	1.5	1.1	1.1
Miyagi	13	17	19	0.8	1.0	1.2
Akita	32	25	24	2.4	1.9	1.9
Yamagata	15	22	22	1.1	1.6	1.6
Fukushima	13	21	23	0.6	1.0	1.1
Ibaraki	18	23	28	0.9	1.1	1.4
Tochigi	13	13	27	0.8	0.8	1.7
Gunma	24	20	16	1.5	1.2	1.0
Saitama	60	47	21	2.8	2.2	1.0
Chiba	5	9	10	0.2	0.4	0.5
Tokyo	15	19	34	0.2	0.3	0.6
Kanagawa	9	18	11	0.4	0.7	0.5
Niigata	25	26	34	1.0	1.1	1.4
Toyama	56	41	27	5.5	4.1	2.7
Ishikawa	8	14	15	0.8	1.5	1.6
Fukui	15	19	10	2.0	2.5	1.4
Yamanashi	15	10	27	1.8	1.2	3.3
Nagano	28	42	20	1.3	2.0	1.0
Gifu	14	14	25	0.9	0.9	1.6
Shizuoka	18	21	16	0.7	0.9	0.7
Aichi	23	23	32	0.7	0.7	1.0
Mie	9	8	7	0.6	0.5	0.5
Shiga	17	18	22	2.0	2.1	2.5
Kyoto	11	24	13	0.6	1.3	0.7
Osaka	14	7	12	0.4	0.2	0.3
Hyogo	19	39	14	0.6	1.2	0.4
Nara	2	-	10	0.3	-	1.3
Wakayama	4	11	10	0.4	1.1	1.0
Tottori	13	4	7	2.2	0.7	1.2
Shimane	10	27	56	1.1	3.0	6.2
Okayama	11	20	21	0.7	1.2	1.3
Hiroshima	26	31	42	1.2	1.5	2.1
Yamaguchi	4	3	5	0.3	0.2	0.3
Tokushima	11	17	31	1.2	1.9	3.6
Kagawa	6	8	7	0.6	0.8	0.8
Ehime	13	27	29	0.8	1.8	2.0
Kochi	6	5	12	0.7	0.6	1.4
Fukuoka	37	20	34	1.0	0.6	1.0
Saga	11	6	15	1.2	0.6	1.6
Nagasaki	8	11	9	0.5	0.7	0.6
Kumamoto	26	19	19	1.4	1.0	1.1
Oita	3	11	14	0.2	0.9	1.1
Miyazaki	21	31	10	1.9	2.9	1.0
Kagoshima	15	23	13	0.8	1.3	0.7

See footnotes at end of table.

TABLE 16. - 1/CASES AND CASE RATES (per 100,000 population) OF SELECTED
COMMUNICABLE DISEASES BY PREFECTURE: JAPAN, 1948 - 1950 Cont'd

Footnotes:

* Data for 1950 are provisional.

There were no cases of cholera, plague or yellow fever reported for 1948 - 1950.

A dash (-) indicates that no cases were reported and the case rate was zero.

A rate of 0.0 indicates that some cases were reported but the rate was less than 0.05.

"NA" indicates that data are not available.

Sources:-

Rates were computed by Public Health and Welfare, GNC, SCAP.
Cases from Weekly Morbidity Reports, Ministry of Welfare.

TABLE 17. - 1/INFANT DEATHS AND INFANT DEATH RATES BY MONTH: JAPAN, 1948-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Unk
<u>NUMBER</u>														
*1950	141,003	19,553	16,875	16,676	11,464	10,233	9,400	9,499	7,927	7,198	8,273	9,741	14,164	-
49	168,467	19,651	17,243	18,910	15,949	13,703	12,073	12,074	10,425	9,043	9,723	12,854	16,819	-
48	165,406	20,845	19,556	18,344	13,385	11,305	11,397	12,158	10,714	9,555	9,976	12,306	15,858	7
<u>RATES</u> (per 1,000 live births each month)														
*1950	59.8	75.7	76.1	76.7	60.6	59.1	57.5	51.0	41.2	37.3	43.7	52.2	76.2	
49	62.5	60.9	71.4	76.6	73.0	68.1	64.4	57.4	48.0	41.1	44.5	61.5	82.5	
48	61.7	65.2	76.0	72.6	60.9	57.3	61.6	59.7	50.4	44.9	46.2	56.7	84.6	

* Data are provisional.

1/ Data refer to deaths, under one year of age, of Japanese Nationals in Japan. Rates are per 1,000 live births each month.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 18. - 1/INFANT DEATHS AND INFANT DEATH RATES BY PREFECTURE:
JAPAN, 1943-1950 (Rates per 1,000 live births each year)

Area	Number			Rate		
	*1950	1949	1948	*1950	1949	1948
All Japan	141,003	168,467	165,406	59.8	62.5	61.7
Aichi	5,225	6,963	6,335	59.5	65.4	57.4
Akita	3,410	4,056	4,050	79.5	85.5	92.6
Aomori	4,418	4,639	4,528	95.4	90.1	96.7
Chiba	3,899	4,273	4,340	66.9	63.2	64.9
Ehime	2,619	3,102	3,009	57.2	58.9	56.6
Fukui	1,641	1,838	2,390	76.5	74.1	91.6
Fukuoka	5,757	7,326	6,014	52.4	59.1	51.0
Fukushima	4,277	4,655	4,628	62.4	63.7	65.0
Gifu	2,692	3,512	3,419	64.1	70.5	64.4
Gumma	2,453	2,930	2,859	54.1	56.3	55.0
Hiroshima	2,810	3,418	3,520	52.8	54.5	56.8
Hokkaido	8,210	10,445	10,352	55.3	63.4	67.6
Hyogo	4,547	5,671	5,689	55.3	57.3	55.7
Ibaraki	4,139	4,432	4,341	68.1	66.9	65.2
Ishikawa	2,195	2,650	3,018	83.2	82.5	87.9
Iwate	4,107	4,423	4,323	89.4	89.4	91.7
Kagawa	1,687	1,968	2,251	68.0	63.7	66.9
Kagoshima	3,343	3,361	3,610	59.9	52.5	57.6
Kanagawa	2,674	3,284	3,265	40.6	44.0	45.0
Kochi	1,444	1,544	1,717	62.2	58.5	63.1
Kumamoto	3,023	3,376	3,294	54.0	53.7	54.5
Kyoto	2,088	2,948	2,866	50.5	56.4	52.8
Mie	2,518	3,120	3,120	67.0	72.1	66.1
Miyagi	3,175	3,581	3,346	59.3	62.8	63.4
Miyazaki	2,164	2,269	2,235	60.9	56.5	54.6
Nagano	2,476	3,095	3,138	48.8	52.6	52.2
Nagasaki	3,273	3,614	3,282	59.7	59.1	57.1
Nara	1,261	1,662	1,566	67.2	76.8	67.1
Niigata	4,263	5,441	5,563	58.4	64.6	67.8
Oita	2,474	2,854	2,734	66.7	67.6	62.7
Okayama	2,509	3,041	3,448	61.5	61.0	65.8
Osaka	5,142	7,098	5,830	54.0	64.7	53.1
Saga	1,958	2,383	2,313	64.3	69.8	70.6
Saitama	4,123	4,502	4,266	65.4	63.0	60.7
Shiga	1,417	1,899	1,782	65.1	74.0	65.2
Shimane	1,653	1,958	2,053	63.7	66.2	67.6
Shizuoka	4,056	4,536	4,437	57.2	56.0	53.4
Tochigi	2,644	2,921	2,715	55.7	54.8	50.6
Tokushima	1,953	1,876	2,115	76.3	63.3	66.1
Tokyo	6,439	7,874	7,680	43.5	47.0	47.6
Tottori	996	1,155	1,302	61.3	61.7	65.5
Toyama	2,348	3,203	3,120	83.3	93.5	87.2
Wakayama	1,396	1,720	1,735	58.2	59.6	58.4
Yamagata	2,790	3,613	3,437	67.9	81.9	81.7
Yamaguchi	2,195	2,872	2,567	51.0	57.1	53.8
Yamanashi	1,122	1,357	1,304	51.7	54.1	52.5

* Data are provisional.

1/ Data refer to deaths, under one year of age, of Japanese Nationals in Japan.

Rates are per 1,000 live births in the corresponding period.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data:

1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 19. - 1/INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948 - 1950
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number													
*1950	1,211	87	138	131	155	113	125	127	88	60	69	60	58
49	1,315	100	85	124	148	155	128	135	94	83	98	76	89
48	1,157	84	91	106	130	129	111	119	112	96	66	74	79
Rate													
*1950	0.5	0.3	0.6	0.6	0.8	0.7	0.8	0.7	0.5	0.3	0.4	0.3	0.3
49	0.5	0.3	0.4	0.5	0.7	0.8	0.7	0.6	0.4	0.4	0.4	0.4	0.4
48	0.4	0.3	0.4	0.4	0.6	0.7	0.6	0.6	0.5	0.5	0.3	0.3	0.4
Number													
*1950	878	106	109	115	78	79	64	44	48	43	67	63	62
49	1,143	135	102	112	125	79	82	78	69	55	107	90	109
48	1,142	91	124	118	91	80	89	76	70	91	85	99	128
Rate													
*1950	0.4	0.4	0.5	0.5	0.4	0.5	0.4	0.2	0.2	0.2	0.4	0.3	0.3
49	0.4	0.4	0.4	0.5	0.6	0.4	0.4	0.4	0.3	0.3	0.5	0.4	0.5
48	0.4	0.3	0.5	0.5	0.4	0.4	0.5	0.4	0.3	0.4	0.4	0.5	0.7
Number													
*1950	187	2	4	3	2	14	21	60	38	22	8	9	4
49	114	5	2	4	2	6	13	25	25	19	6	4	3
48	100	3	1	1	4	6	16	23	25	12	2	4	3
Rate													
*1950	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.3	0.2	0.1	0.0	0.0	0.0
49	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0
48	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.1	0.1	0.1	0.0	0.0	0.0

See footnotes at the end of table

TABLE 19. - 1/INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
SCARLET FEVER (050)													
Number													
*1950	1	-	-	-	-	-	-	-	-	1	-	-	-
49	6	1	1	-	2	1	-	1	-	-	-	-	-
48	5	-	1	1	-	1	1	-	1	-	-	-	-
Rate													
*1950	0.0	-	-	-	-	-	-	-	-	0.0	-	-	-
** 49	0.0	0.0	0.0	-	0.0	0.0	-	0.0	-	-	-	-	-
48	0.0	-	0.0	0.0	-	0.0	0.0	0	0.0	-	-	-	-
ERYSIPHELAS (052)													
Number													
*1950	412	58	56	64	39	24	20	19	25	12	27	26	42
49	755	97	80	110	75	50	31	35	54	49	47	57	70
48	1,060	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Rate													
*1950	0.2	0.2	0.3	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2
** 49	0.3	0.3	0.3	0.4	0.3	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3
48	0.4	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
L/SEPTICEMIA AND PYEMIA, NON PURPURAL (053)													
Number													
*1950	308	50	37	29	21	34	17	20	24	18	13	15	30
** 49	887	81	95	81	77	66	61	70	97	76	64	67	52
48	1,029	111	117	98	82	72	72	90	84	89	68	83	63
Rate													
*1950	0.1	0.2	0.2	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.2
** 49	0.3	0.3	0.4	0.3	0.4	0.3	0.3	0.3	0.4	0.3	0.3	0.3	0.3
48	0.4	0.3	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.4	0.3

See footnotes at the end of table

TABLE 19 - 1/INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
DIPHTHERIA (055)													
Number													
*1950	119	17	18	12	12	10	6	5	6	5	7	9	12
49	205	28	33	28	31	14	9	10	7	7	8	13	17
48	341	52	39	27	28	19	13	11	12	16	30	38	56
Rate													
*1950	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.1
49	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.1
48	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.2	0.3
WHOOPING COUGH (056)													
Number													
*1950	4,433	601	573	520	411	411	424	429	277	233	140	173	241
49	5,016	309	289	322	347	472	522	591	605	433	314	324	488
48	2,568	296	198	159	186	214	253	320	239	201	129	164	249
Rate													
*1950	1.9	2.3	2.6	2.4	2.2	2.4	2.6	2.3	1.4	1.2	0.7	0.9	1.3
49	1.9	1.0	1.2	1.3	1.6	2.3	2.8	2.8	2.8	2.0	1.4	1.6	2.4
48	1.0	0.8	0.8	0.6	0.8	1.1	1.4	1.6	1.1	0.9	0.6	0.8	1.3
MENINGOCOCCAL INFECTIONS (057)													
Number													
*1950	50	-	1	2	6	4	5	1	8	1	8	9	5
49	84	9	8	13	5	7	10	3	2	4	10	8	5
48	87	5	3	11	10	8	7	9	5	5	6	6	12
Rates													
*1950	0.0	-	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
49	0.0	0.0	0.0	0.1	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0
48	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.1

See footnotes at the end of table

TABLE 19 - $\frac{1}{2}$ INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number	581	52	35	36	34	38	50	57	83	70	44	31	51
*1950	876	64	79	66	58	56	79	91	118	96	65	54	52
49	1,000	71	57	61	90	59	70	133	134	98	75	80	72
48													
Rate													
*1950	0.2	0.2	0.2	0.2	0.2	0.2	0.3	0.3	0.4	0.4	0.2	0.2	0.3
49	0.3	0.2	0.3	0.3	0.3	0.3	0.4	0.4	0.5	0.4	0.3	0.3	0.3
48	0.4	0.2	0.2	0.4	0.4	0.3	0.4	0.7	0.6	0.5	0.3	0.4	0.4
Number	21	-	-	-	-	-	-	-	11	9	1	-	-
*1950	8	-	-	-	-	-	1	-	1	4	2	-	-
** 49	43	-	-	1	-	-	-	-	20	18	4	-	-
** 48													
Rate													
*1950	0.0	-	-	-	-	-	-	-	0.1	0.0	0.0	-	-
** 49	0.0	-	-	-	-	-	0.0	-	0.0	0.0	0.0	-	-
** 48	0.0	-	-	0.0	-	-	-	-	0.1	0.1	0.0	-	-
Number	1,325	94	89	145	192	249	252	130	39	19	18	36	62
*1950	4,481	195	232	442	636	1,148	830	507	200	66	50	70	85
49	1,914	105	119	225	210	295	330	237	97	48	46	71	131
48													
Rate													
*1950	0.6	0.4	0.4	0.7	1.0	1.4	1.5	0.7	0.2	0.1	0.1	0.2	0.3
49	1.7	0.6	1.0	1.9	2.9	5.7	4.4	2.4	0.9	0.3	0.2	0.3	0.4
48	0.7	0.3	0.5	0.9	1.0	1.5	1.8	1.2	0.5	0.2	0.2	0.3	0.7

See footnotes at the end of table

TABLE 19 - 1/INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Unknown
Number														
*1950	1	-	-	-	-	-	1	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	3	-	1	-	-	-	-	1	-	-	1	-	-	-
Rate														
*1950	0.0	-	-	-	-	-	0.0	-	-	-	-	-	-	-
49	-	-	-	-	-	-	-	-	-	-	-	-	-	-
48	0.0	-	0.0	-	-	-	-	0.0	-	-	0.0	-	-	-
Number														
*1950	2,482	380	304	337	235	180	157	132	85	86	145	204	237	-
49	3,512	427	389	444	370	293	224	187	169	169	210	277	353	-
48	3,759	497	525	471	342	245	241	200	199	199	232	274	333	1
Rate														
*1950	1.1	1.5	1.4	1.5	1.2	1.0	1.0	0.7	0.4	0.4	0.8	1.1	1.3	
49	1.3	1.3	1.6	1.8	1.7	1.5	1.2	0.9	0.8	0.8	1.0	1.3	1.7	
48	1.4	1.6	2.0	1.9	1.6	1.2	1.3	1.0	0.9	0.9	1.1	1.3	1.8	
Number														
*1950	1,790	211	205	180	155	176	159	129	83	84	117	143	148	
49	2,516	257	210	270	279	239	211	176	151	127	188	188	220	
48	2,769	295	270	255	324	291	234	236	125	119	179	200	241	
Rate														
*1950	0.8	0.8	0.9	0.8	0.8	1.0	1.0	0.7	0.4	0.4	0.6	0.8	0.8	
49	0.9	0.8	0.9	1.1	1.3	1.2	1.1	0.8	0.7	0.6	0.9	0.9	1.1	
48	1.0	0.9	1.0	1.0	1.5	1.5	1.3	1.2	0.6	0.6	0.8	0.9	1.3	

See footnotes at the end of table

TABLE 19 - 1/INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number													
*1950	247	43	38	37	24	9	6	-	4	4	1	13	68
49	177	27	39	21	17	17	5	4	2	4	8	13	20
48	135	30	13	15	11	8	10	6	2	3	11	9	17
Rate													
*1950	0.1	0.2	0.2	0.2	0.1	0.1	0.0	-	0.0	0.0	0.0	0.1	0.4
49	0.1	0.1	0.2	0.1	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.1	0.1
48	0.1	0.1	0.1	0.1	0.1	0.0	0.1	0.0	0.0	0.0	0.1	0.0	0.1
PNEUMONIA, INCLUDING PNEUMONIA OF THE NEWBORN (480-493, 763)													
Number													
*1950	24,128	4,738	3,659	3,563	2,115	1,590	1,180	855	552	691	1,046	1,502	2,637
49	27,606	4,189	3,747	3,618	2,918	2,216	1,464	1,123	732	772	1,102	2,070	3,655
48	22,735	3,762	3,471	3,165	2,159	1,493	1,181	805	648	667	1,079	1,620	2,685
Rate													
*1950	10.2	18.4	16.5	16.4	11.2	9.2	7.2	4.6	2.9	3.6	5.5	8.1	14.2
49	10.2	13.0	15.5	14.7	13.4	11.0	7.8	5.3	3.4	3.5	5.0	9.9	17.9
48	8.5	11.8	13.5	12.5	9.8	7.6	6.4	4.0	3.0	3.1	5.0	7.5	14.3
BRONCHITIS AND BRONCHIECTASIS (500-502, 526)													
Number													
*1950	7,170	1,432	1,169	1,100	635	514	326	242	178	192	325	374	683
49	9,544	1,382	1,328	1,391	980	721	537	409	276	276	431	672	1,141
48	8,778	1,492	1,359	1,238	761	543	458	307	235	304	496	597	988
Rate													
*1950	3.0	5.5	5.3	5.1	3.4	3.0	2.0	1.3	0.9	1.0	1.7	2.0	3.7
49	3.5	4.3	5.5	5.6	4.5	3.6	2.9	1.9	1.3	1.3	2.0	3.2	5.6
48	3.3	4.7	5.3	4.9	3.5	2.8	2.5	1.5	1.1	1.4	2.3	2.8	5.3

See footnotes at end of table

TABLE 19 - 1/ INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<u>8/ ENTERITIS AND COLITIS, ULCERATION OF THE INTESTINES AND DIARRHEA (571, 572, 578a, 764)</u>													
Number													
*1950	19,383	1,815	1,529	1,692	1,381	1,566	1,895	2,285	1,854	1,223	1,148	1,344	1,711
49	24,717	2,226	1,825	2,061	2,138	2,219	2,493	2,957	2,716	1,989	1,651	2,187	2,255
48	31,254	2,469	2,306	2,446	2,193	2,217	2,822	4,375	3,628	2,387	1,796	2,354	2,261
Rate													
*1950	8.2	7.0	6.9	7.8	7.3	9.0	11.2	12.3	9.6	6.3	6.1	7.2	9.2
49	9.9	6.9	7.6	8.4	9.8	11.0	13.3	14.0	12.5	9.0	7.6	10.5	11.1
48	11.7	7.7	9.0	9.7	10.0	11.2	15.3	21.5	17.1	11.2	8.3	10.8	12.1
<u>CONGENITAL MALFORMATIONS (750-759)</u>													
Number													
*1950	5,468	522	503	503	458	451	373	411	397	403	453	468	526
49	5,312	541	507	565	464	380	359	370	318	391	415	488	514
48	4,560	425	428	474	341	299	280	361	329	365	365	395	498
Rate													
*1950	2.3	2.0	2.3	2.3	2.4	2.6	2.3	2.2	2.1	2.1	2.4	2.5	2.8
49	2.0	1.7	2.1	2.3	2.1	1.9	1.9	1.8	1.5	1.8	1.9	2.3	2.5
48	1.7	1.3	1.7	1.9	1.6	1.5	1.5	1.8	1.5	1.7	1.7	1.8	2.7
<u>BIRTH INJURIES (760-761)</u>													
Number													
*1950	1,202	95	100	97	101	90	112	122	141	121	114	89	120
49	1,165	98	111	94	105	76	93	94	91	99	107	97	100
48	1,030	114	106	102	84	82	71	81	89	78	57	66	100
Number													
*1950	0.6	0.4	0.5	0.4	0.5	0.5	0.7	0.7	0.7	0.6	0.6	0.5	0.6
49	0.4	0.3	0.5	0.4	0.5	0.4	0.5	0.4	0.4	0.5	0.5	0.5	0.5
48	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.3	0.3	0.5

See footnotes at end of table

TABLE 19 - 1/ INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH; JAPAN, 1948 - 1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
9/ OTHER DISEASES PECULIAR TO EARLY INFANCY													
Number													
*1950	7,578	1,097	887	857	446	414	438	516	479	511	526	599	808
49	8,843	1,157	1,017	1,108	824	565	543	660	582	483	523	610	771
48	8,840	1,227	1,304	1,067	661	522	499	500	495	539	567	656	863
Rate													
*1950	3.2	4.2	4.0	3.9	2.4	2.4	2.7	2.8	2.5	2.6	2.8	3.2	4.3
49	3.3	3.6	4.2	4.5	3.8	2.8	2.9	3.1	2.7	2.2	2.4	2.9	3.8
48	3.3	3.8	5.1	4.2	3.0	2.6	2.4	2.5	2.3	2.5	2.6	3.0	4.6
10/ PREMATURE BIRTH													
Number													
*1950	21,087	2,258	2,263	2,190	1,687	1,526	1,372	1,430	1,335	1,334	1,572	1,774	2,346
49	13,744	1,500	1,281	1,364	1,142	1,025	986	1,019	1,004	980	958	1,117	1,368
48	13,720	1,606	1,458	1,313	983	953	937	914	944	939	1,073	1,214	1,586
Rate													
*1950	8.9	8.7	10.2	10.1	8.9	8.8	8.4	7.7	6.9	6.9	8.3	9.5	12.6
49	5.1	4.7	5.3	5.5	5.2	5.1	5.3	4.8	4.6	4.5	4.4	5.3	6.7
48	5.1	5.0	5.7	5.2	4.5	4.8	5.1	4.5	4.4	4.4	5.0	5.6	7.4
CONGENITAL DEBILITY (772.0, 773a)													
Number													
*1950	25,096	3,741	3,167	3,052	1,917	1,591	1,419	1,576	1,416	1,309	1,493	1,731	2,684
49	36,915	4,805	3,967	4,588	3,359	2,469	2,200	2,391	2,155	1,979	2,282	2,983	3,717
48	38,204	5,475	5,178	4,605	2,944	2,357	2,145	2,183	2,110	2,156	2,321	2,818	5,912
Rate													
*1950	10.6	14.5	14.3	14.0	10.1	9.2	8.7	8.5	7.4	6.8	7.9	9.3	14.4
49	13.7	14.9	16.4	18.6	15.4	12.4	11.7	11.4	9.9	9.0	10.4	14.3	18.2
48	14.2	17.1	20.1	18.2	13.4	11.9	11.6	10.7	9.9	10.1	10.7	13.0	20.9

See footnotes at end of table

TABLE 19 - 1/ INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948-1950 Cont'd
(Rates per 1,000 live births in the corresponding period)

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Unknown
<u>11/ SUDDEN DEATH, UNKNOWN AND ILL-DEFINED CONDITIONS</u>														
Number														
*1950	2,068	293	255	266	182	164	132	120	93	90	117	136	220	
49	2,514	254	253	311	280	196	168	158	123	107	177	226	261	
48	2,745	372	333	361	255	199	190	150	116	133	208	213	213	2
Rate														
*1950	0.9	1.1	1.1	1.2	1.0	0.9	0.8	0.6	0.5	0.5	0.6	0.7	1.2	
49	0.9	0.8	1.0	1.3	1.3	1.0	0.9	0.8	0.6	0.5	0.8	1.1	1.3	
48	1.0	1.2	1.3	1.4	1.2	1.0	1.0	0.7	0.5	0.6	1.0	1.0	1.1	
<u>CONVULSIONS AND TETANY (780.2, 788.5)</u>														
Number														
*1950	908	108	106	112	95	79	72	36	46	37	64	72	81	
49	1,411	169	146	168	170	148	96	74	56	66	82	129	107	
48	1,310	146	143	179	123	110	85	69	59	60	99	110	127	
Rate														
*1950	0.4	0.4	0.5	0.5	0.5	0.5	0.4	0.2	0.2	0.2	0.3	0.4	0.4	
49	0.5	0.5	0.6	0.7	0.8	0.7	0.5	0.4	0.3	0.3	0.4	0.6	0.5	
48	0.5	0.5	0.6	0.7	0.6	0.6	0.5	0.3	0.3	0.3	0.5	0.5	0.7	
<u>ACCIDENTS AND POISONINGS (E800-E962)</u>														
Number														
*1950	2,168	265	241	246	165	163	155	155	103	115	142	154	264	
49	1,971	214	163	208	171	128	128	145	117	101	129	214	253	
48	2,105	188	191	160	130	106	480	139	118	127	123	157	185	1
Rate														
*1950	0.9	1.0	1.1	1.1	0.9	0.9	0.9	0.8	0.5	0.6	0.7	0.8	1.4	
49	0.7	0.7	0.7	0.8	0.8	0.6	0.7	0.7	0.5	0.5	0.6	1.0	1.2	
48	0.8	0.6	0.7	0.6	0.6	0.5	2.6	0.7	0.6	0.6	0.6	0.7	1.0	

See footnotes on the next page

TABLE 19 - 1/ INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES BY MONTH: JAPAN, 1948 - 1950
(Rates per 1,000 live births in the corresponding period)

FOOTNOTES:

*Data are provisional.

**The 1949 monthly death data for erysipelas and the 1948-1949 monthly death data for septicemia and pyemia (non-puerperal), and Japanese "B" encephalitis are estimates based on preliminary figures. The annual totals are final.

- 1/Data refer to vital events of Japanese nationals in Japan. Infant deaths refer to deaths under one year of age. Rates are per 1,000 live births in the corresponding period.
- 2/Tuberculosis, all forms. 1948-1949: excludes pleurisy with effusion without mention of cause, includes spondylitis. 1950: includes pleurisy with effusion without mention of cause, excludes spondylitis.
- 3/Syphilis and its sequelae. 1948-1949: includes paresis not otherwise specified. 1950: excludes paresis not otherwise specified.
- 4/Septicemia and pyemia, non-puerperal. 1948-1949: includes gas gangrene. 1950: excludes gas gangrene.
- 5/Japanese "B" encephalitis. 1948-1949: includes late effects. 1950: excludes late effects.
- 6/Meningitis except meningococcal and tuberculous. 1948-1949: includes deaths specified as late effects or sequelae, excludes influenza meningitis. 1950: excludes deaths specified as late effects or sequelae, includes influenza meningitis.
- 7/Influenza. 1948-1949: includes influenza meningitis. 1950: excludes influenza meningitis.
- 8/Enteritis and colitis, ulceration of the intestines and diarrhoea. 1948-1949: includes mucous colitis, duodenitis, and gastroenteritis. 1950: excludes mucous colitis, duodenitis and gastroenteritis.
- 9/Other diseases peculiar to early infancy (Int. Code Nos. 762.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0, 773b, 785.2). 1948-1949: includes cyanosis neonatorum, hepatitis of newborn, scleroma neonatorum and dehydration under 1 year. 1950: excludes cyanosis neonatorum, hepatitis of newborn, scleroma neonatorum, and dehydration under 1 year.
- 10/Premature birth includes International Code Numbers: 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776.
- 11/Sudden death, unknown and ill-defined conditions, includes International Code Numbers: 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3, 784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795i, 795.1-795.5.

"NA" indicates data are not available.

A dash (-) indicates that no deaths were reported.

A rate of 0.0 indicates that there were some deaths but that the rate was less than 0.05.

There were no infant deaths during 1948-1950 from paratyphoid fever, cholera, leprosy, anthrax, glanders or yellow fever.

There were no infant deaths during 1949-1950 from typhoid fever but 3 deaths were recorded in 1948. There were no infant deaths from rabies or typhus and other rickettsial diseases during 1948 or 1950 but there were 3 and 2 deaths respectively in 1949.

SOURCES:

Rates were computed by Public Health and Welfare Section, CHQ, SCAP.

Sources of original data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 20. - 1/INFANT DEATHS AND INFANT DEATH RATES FOR THE TEN LEADING CAUSES OF INFANT DEATHS: JAPAN, 1948-1950
(Rates per 1,000 Live Births)

List No.	Cause of Death	Number			Rate	
		1950	1949	1948-1950	1949	1948
772.0, 773a	Congenital debility	25,096	36,915	38,204	10.6	13.7
490-493.763	Pneumonia, including pneumonia of newborn	24,128	27,606	22,735	10.2	8.5
2/	Premature birth	21,087	13,744	13,720	8.9	5.1
571.572, 578a, 764	5/Enteritis and colitis, ulceration of the intestines and diarrhea	19,383	26,717	31,254	8.2	9.9
3/	Other diseases peculiar to early infancy	7,578	8,843	8,840	3.2	3.3
500-502, 526	Bronchitis and bronchiectasis	7,170	9,544	8,778	3.0	3.5
750-759	Congenital malformations	5,468	5,312	4,560	2.3	2.0
056	Whooping cough	4,433	5,016	2,568	1.9	1.9
280	Beriberi	2,482	3,512	3,759	1.1	1.3
2800-2962	Accidents and poisonings	2,168	1,971	2,105	0.9	0.7
085	Measles	1,325	4,481	1,914	0.6	1.7
340	6/Meningitis except meningococcal and tuberculosis	1,790	2,516	2,769	0.8	0.9
4/	Sudden death, unknown and ill-defined conditions	2,068	2,514	2,745	0.9	0.9

See footnotes on the next page.

TABLE 20. - 1/INFANT DEATHS AND INFANT DEATH RATES FOR THE TEN LEADING CAUSES OF INFANT DEATHS: JAPAN, 1948-1950
Cont'd

* Data are provisional.

- 1/ Data refer to vital events of Japanese Nationals in Japan. Infant deaths refer to deaths under one year of age. Rates are per 1,000 live births in the corresponding period.
- 2/ Premature birth includes International Code Numbers: 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776.5, 777.5, 778.5, 779.5, 780.5, 781.5, 782.5, 783.5, 784.5, 785.5, 786.5, 787.5, 788.5, 789.5, 790.5, 791.5, 792.5, 793.5, 794.5, 795.5, 796.5, 797.5, 798.5, 799.5, 800.5, 801.5, 802.5, 803.5, 804.5, 805.5, 806.5, 807.5, 808.5, 809.5, 810.5, 811.5, 812.5, 813.5, 814.5, 815.5, 816.5, 817.5, 818.5, 819.5, 820.5, 821.5, 822.5, 823.5, 824.5, 825.5, 826.5, 827.5, 828.5, 829.5, 830.5, 831.5, 832.5, 833.5, 834.5, 835.5, 836.5, 837.5, 838.5, 839.5, 840.5, 841.5, 842.5, 843.5, 844.5, 845.5, 846.5, 847.5, 848.5, 849.5, 850.5, 851.5, 852.5, 853.5, 854.5, 855.5, 856.5, 857.5, 858.5, 859.5, 860.5, 861.5, 862.5, 863.5, 864.5, 865.5, 866.5, 867.5, 868.5, 869.5, 870.5, 871.5, 872.5, 873.5, 874.5, 875.5, 876.5, 877.5, 878.5, 879.5, 880.5, 881.5, 882.5, 883.5, 884.5, 885.5, 886.5, 887.5, 888.5, 889.5, 890.5, 891.5, 892.5, 893.5, 894.5, 895.5, 896.5, 897.5, 898.5, 899.5, 900.5, 901.5, 902.5, 903.5, 904.5, 905.5, 906.5, 907.5, 908.5, 909.5, 910.5, 911.5, 912.5, 913.5, 914.5, 915.5, 916.5, 917.5, 918.5, 919.5, 920.5, 921.5, 922.5, 923.5, 924.5, 925.5, 926.5, 927.5, 928.5, 929.5, 930.5, 931.5, 932.5, 933.5, 934.5, 935.5, 936.5, 937.5, 938.5, 939.5, 940.5, 941.5, 942.5, 943.5, 944.5, 945.5, 946.5, 947.5, 948.5, 949.5, 950.5, 951.5, 952.5, 953.5, 954.5, 955.5, 956.5, 957.5, 958.5, 959.5, 960.5, 961.5, 962.5, 963.5, 964.5, 965.5, 966.5, 967.5, 968.5, 969.5, 970.5, 971.5, 972.5, 973.5, 974.5, 975.5, 976.5, 977.5, 978.5, 979.5, 980.5, 981.5, 982.5, 983.5, 984.5, 985.5, 986.5, 987.5, 988.5, 989.5, 990.5, 991.5, 992.5, 993.5, 994.5, 995.5, 996.5, 997.5, 998.5, 999.5, 1000.5.
- 3/ Other diseases peculiar to early infancy (Int. Code Nos. 762.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0, 773b, 785.2). 1949: Includes cynosis neonatorum, hepatitis of newborn, scleroma neonatorum and dehydration under 1 year. 1950: Excludes cyanosis neonatorum, hepatitis of newborn, scleroma neonatorum, and dehydration under 1 year.
- 4/ Sudden death, unknown and ill-defined conditions includes International Code Numbers: 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3, 784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795x, 795.1-795.5.
- 5/ Enteritis and colitis, ulceration of the intestines and diarrhea. 1949: Includes mucous colitis, duodenitis, and gastroduodenitis. 1950: Excludes mucous colitis, duodenitis, and gastroduodenitis.
- 6/ Meningitis except meningococcal and tuberculous. 1949: Includes deaths specified as late effects or sequelae, excludes influenzal meningitis. 1950: Excludes deaths specified as late effects or sequelae, includes influenzal meningitis.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data: 1948-1949, Final Annual Schedule Report, Ministry of Welfare. 1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 21. - 1/STILLBIRTHS AND STILLBIRTH RATES BY MONTH: JAPAN, 1948-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NUMBER													
*1950	216,979	17,471	17,752	19,913	18,060	17,591	15,578	18,216	19,302	20,010	18,338	16,757	17,991
49	192,677	14,851	14,144	16,085	15,578	16,214	14,745	16,695	17,990	17,836	16,958	15,197	16,383
48	143,963	12,509	12,151	12,308	11,221	11,389	10,403	11,127	11,827	12,452	12,904	12,246	13,420
RATES (per 1,000 live births each month)													
*1950	92.1	67.7	80.0	91.5	95.4	101.6	95.3	97.8	100.2	103.7	96.8	89.9	96.8
49	71.5	46.1	58.6	65.2	71.3	80.5	78.7	79.3	82.9	81.1	77.6	72.7	80.4
48	53.7	39.1	47.2	48.7	51.1	57.7	56.2	54.6	55.6	58.5	59.7	56.4	71.6

* Data are provisional.

1/ Data refer to stillbirths after the third month of gestation, occurring to Japanese Nationals in Japan. Rates are per 1,000 live births each month.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 22. - 1/STILLBIRTHS AND STILLBIRTH RATES BY PREFECTURE:
JAPAN, 1948-1950 (Rates per 1,000 live births each year)

Area	Number			Rate		
	*1950	1949	1948	*1950	1949	1948
All Japan	216,979	192,677	143,963	92.1	71.5	53.7
Aichi	9,173	8,290	5,534	104.4	77.8	50.1
Akita	3,629	3,339	2,546	84.6	70.4	58.2
Aomori	3,885	2,891	2,101	83.9	56.2	44.9
Chiba	4,394	4,141	3,487	75.4	61.3	52.2
Ehime	3,840	3,360	2,608	83.9	63.8	49.1
Fukui	1,787	1,641	1,307	83.3	66.2	50.1
Fukuoka	10,856	9,275	6,540	98.8	74.8	55.4
Fukushima	5,926	5,314	3,685	86.5	72.7	51.8
Gifu	4,011	3,447	2,443	95.6	69.2	46.0
Gumma	4,732	4,216	3,167	104.4	81.1	60.9
Hiroshima	4,237	4,052	3,294	79.6	64.6	53.1
Hokkaido	11,439	9,933	6,934	77.1	60.3	45.3
Hyogo	8,992	8,455	6,002	109.4	85.4	58.7
Ibaraki	5,237	4,827	3,937	86.1	72.9	59.1
Ishikawa	2,042	2,009	1,479	77.4	62.5	43.1
Iwate	4,247	3,438	2,627	92.4	69.5	55.7
Kagawa	2,536	2,316	1,939	102.3	74.9	57.6
Kagoshima	4,302	4,078	3,076	77.1	63.7	49.0
Kanagawa	5,207	4,704	3,829	79.1	63.1	52.8
Kochi	1,862	1,628	1,293	80.2	61.7	47.5
Kumamoto	4,749	3,987	3,207	84.8	63.4	53.0
Kyoto	4,686	4,313	2,920	113.2	82.5	53.8
Mie	3,431	3,199	2,326	91.4	73.7	49.3
Miyagi	4,959	4,268	3,240	92.6	74.8	57.6
Miyazaki	4,066	3,141	2,088	114.4	78.2	51.0
Nagano	5,882	5,316	3,877	115.9	90.3	64.5
Nagasaki	4,810	3,886	2,903	87.8	63.6	50.5
Nara	1,527	1,521	1,277	81.4	70.3	54.7
Niigata	6,882	6,582	4,547	94.2	78.2	55.4
Oita	3,550	3,094	2,536	95.7	73.3	58.2
Okayama	4,609	4,415	3,417	113.0	88.6	65.2
Osaka	11,556	9,495	6,562	121.4	86.5	59.7
Saga	2,522	2,301	1,516	82.8	67.4	46.3
Saitama	4,934	4,629	3,906	78.2	64.8	55.6
Shiga	1,978	1,895	1,439	90.8	73.8	52.6
Shimane	2,577	2,419	1,993	99.3	81.8	65.6
Shizuoka	6,261	5,550	4,512	88.3	68.5	54.3
Tochigi	3,637	3,234	2,766	76.6	60.7	51.5
Tokushima	2,371	2,182	1,942	92.6	73.7	60.7
Tokyo	12,345	11,047	8,648	83.4	65.9	53.6
Tottori	2,406	1,783	1,235	148.0	95.2	62.1
Toyama	2,274	2,099	1,448	80.7	61.3	40.5
Wakayama	2,211	2,017	1,570	92.2	69.9	52.9
Yamagata	3,981	3,124	2,115	96.9	70.8	50.3
Yamaguchi	4,232	3,832	2,653	98.3	76.2	55.6
Yamanashi	2,209	1,994	1,492	101.8	79.5	60.1

* Data are provisional.

1/Stillbirths after the third month of gestation, occurring to Japanese Nationals in Japan. Rates are per 1,000 live births in the corresponding period.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data:

1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 23. - 1/MARRIAGES AND MARRIAGE RATES BY MONTH: JAPAN, 1948-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<u>NUMBER</u>													
*1950	717,042	67,201	73,544	77,263	67,193	70,918	52,283	50,634	47,505	48,007	50,083	52,022	60,389
49	842,170	82,387	91,858	89,802	84,928	82,923	60,917	54,485	53,761	53,569	55,968	56,698	74,874
48	953,999	70,456	94,396	106,047	102,346	94,569	71,040	68,273	63,298	64,103	64,468	69,323	85,660
<u>RATES (per 1,000 population per annum)</u>													
*1950	8.6	9.4	11.4	10.9	9.8	10.0	7.6	7.1	6.7	7.0	7.0	7.6	8.5
49	10.2	11.8	14.6	12.9	12.6	11.9	9.0	7.8	7.7	7.9	8.0	8.4	10.7
48	11.9	10.4	14.9	15.6	15.6	13.9	10.8	10.1	9.3	9.8	9.5	10.5	12.6

* Data are provisional.

1/ Data refer to all marriages in Japan in which either the husband or wife was a Japanese National. Rates are per 1,000 population, per annum, estimated as of 1 July each year.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 24. - 1/ MARRIAGES AND MARRIAGE RATES BY PREFECTURE: JAPAN 1948-1950
(Rates per 1,000 population)

Area	Number			Rate		
	*1950	1949	1948	*1950	1949	1948
All Japan	717,042	842,170	953,999	8.6	10.2	11.9
Aichi	27,768	31,698	37,505	8.1	9.5	11.6
Akita	12,107	14,292	14,692	9.2	11.0	11.5
Aomori	12,424	14,162	14,356	9.6	11.3	11.8
Chiba	17,590	20,076	22,602	8.2	9.3	10.6
Ehime	13,593	16,008	18,598	8.9	10.6	12.6
Fukui	7,139	8,258	9,253	9.4	11.0	12.6
Fukuoka	31,491	37,782	42,685	8.9	11.0	12.9
Fukushima	20,441	23,399	24,992	9.8	11.4	12.3
Gifu	13,387	15,744	18,784	8.6	10.2	12.3
Gumma	13,309	16,200	17,782	8.3	10.0	11.1
Hiroshima	18,428	22,421	25,853	8.8	10.8	12.6
Hokkaido	40,235	43,711	44,771	9.3	10.4	11.1
Iyogo	27,823	32,427	37,012	8.3	10.0	11.7
Ibaraki	18,646	20,620	22,972	9.1	10.0	11.2
Ishikawa	8,331	9,615	11,401	8.6	10.1	12.1
Iwate	13,062	14,694	14,933	9.6	11.1	11.5
Kagawa	8,778	10,501	13,248	9.2	11.1	14.2
Kagoshima	15,400	19,020	22,346	8.5	10.6	12.7
Kanagawa	19,379	21,689	24,649	7.7	9.0	10.6
Kochi	7,953	9,195	10,975	9.0	10.5	12.7
Kumamoto	15,926	19,461	22,371	8.7	10.7	12.5
Kyoto	13,490	16,916	20,285	7.3	9.3	11.4
Mie	12,349	14,440	16,973	8.4	9.9	11.7
Miyagi	15,765	17,436	19,651	9.4	10.6	12.3
Miyazaki	9,284	11,951	14,141	8.4	11.1	13.4
Nagano	17,233	20,819	22,719	8.3	10.0	10.9
Nagasaki	15,053	17,674	20,504	9.1	10.9	13.1
Nara	6,902	8,305	10,130	9.0	10.7	13.0
Niigata	20,998	25,823	28,687	8.5	10.5	11.8
Oita	10,924	13,387	16,345	8.7	10.7	13.1
Okayama	14,929	17,741	21,086	8.9	10.7	12.8
Osaka	30,050	37,153	42,416	7.7	10.0	12.1
Saga	8,943	10,941	12,390	9.4	11.6	13.3
Saitama	17,016	21,247	23,295	7.9	9.9	10.9
Shiga	7,185	8,300	10,159	8.3	9.5	11.6
Shimane	7,859	9,638	11,182	8.5	10.6	12.4
Shizuoka	20,295	23,628	27,527	8.2	9.6	11.4
Tochigi	14,230	16,190	18,301	9.1	10.4	11.7
Tokushima	7,947	9,491	11,815	9.0	10.8	13.6
Tokyo	46,340	51,595	59,128	7.3	8.8	10.9
Tottori	5,698	6,623	7,600	9.4	11.0	12.8
Toyama	8,774	10,220	11,520	8.6	10.1	11.5
Wakayama	8,674	10,277	12,141	8.8	10.4	12.4
Yamagata	13,459	16,803	16,411	9.8	12.4	12.2
Yamaguchi	13,785	16,021	18,657	8.9	10.5	12.4
Yamanashi	6,650	7,733	8,483	8.1	9.5	10.4
Unknown		845	673			

See footnotes on next page

TABLE 24. - 1/ MARRIAGES AND MARRIAGE RATES BY PREFECTURE: JAPAN 1948-1950
Cont'd. (Rates per 1,000 population)

FOOTNOTES:

* Data are provisional.

1/Data refer to all marriages in Japan in which either the husband or wife was a Japanese national. Rates are per 1,000 population, estimated as of 1 July each year.

SOURCES:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data:

1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 25. - 1/DIVORCES AND DIVORCE RATES BY MONTH: JAPAN, 1948-1950

Year	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
<u>NUMBER</u>													
*1950	83,861	5,890	6,885	7,853	7,157	7,625	6,270	6,707	7,643	7,682	7,221	6,235	6,693
49	82,575	6,252	7,089	7,696	7,136	7,229	5,945	6,061	7,139	7,539	6,965	6,177	7,347
48	79,032	3,779	6,218	7,592	7,246	7,423	6,032	6,389	6,744	7,388	6,706	6,231	7,284
<u>RATES (per 1,000 population per annum)</u>													
*1950	1.0	0.8	1.1	1.1	1.0	1.1	0.9	0.9	1.1	1.1	1.0	0.9	0.9
49	1.0	0.9	1.1	1.1	1.1	1.0	0.9	0.9	1.0	1.1	1.0	0.9	1.1
48	1.0	0.6	1.0	1.1	1.1	1.1	0.9	0.9	1.0	1.1	1.0	0.9	1.1

* Data are provisional.

1/ Data refer to all divorces in Japan in which either the husband or wife was a Japanese National. Rates are per 1,000 population, per annum, estimated as of 1 July each year.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAR.

Sources of original divorce data: 1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 26. - 1/DIVORCES AND DIVORCE RATES BY PREFECTURE:
JAPAN, 1948-1950 (Rates per 1,000 population)

Area	Number			Rate		
	*1950	1949	1948	*1950	1949	1948
All Japan	83,861	82,575	79,032	1.0	1.0	1.0
Aichi	3,040	2,973	2,507	0.9	0.9	0.8
Akita	1,690	1,734	1,977	1.3	1.3	1.5
Aomori	1,437	1,505	1,377	1.1	1.2	1.1
Chiba	1,654	1,622	1,634	0.8	0.8	0.8
Ehime	1,980	1,694	1,684	1.3	1.1	1.1
Fukui	876	835	834	1.2	1.1	1.1
Fukuoka	4,179	4,093	3,827	1.2	1.2	1.2
Fukushima	2,116	2,131	2,081	1.0	1.0	1.0
Gifu	1,409	1,400	1,240	0.9	0.9	0.8
Gumma	1,440	1,377	1,341	0.9	0.9	0.8
Hiroshima	2,624	2,529	2,401	1.3	1.2	1.2
Hokkaido	4,137	4,066	3,633	1.0	1.0	0.9
Hyogo	3,315	3,397	3,161	1.0	1.0	1.0
Ibaraki	1,424	1,355	1,248	0.7	0.7	0.6
Ishikawa	1,137	1,112	1,156	1.2	1.2	1.2
Iwate	1,362	1,409	1,550	1.0	1.1	1.2
Kagawa	1,165	1,141	1,025	1.2	1.2	1.1
Kagoshima	1,797	1,757	1,683	1.0	1.0	1.0
Kanagawa	2,097	2,220	2,135	0.8	0.9	0.9
Kochi	1,185	1,131	1,106	1.3	1.3	1.3
Kumamoto	1,958	1,802	1,821	1.1	1.0	1.0
Kyoto	1,856	1,765	1,727	1.0	1.0	1.0
Mie	1,338	1,251	1,182	0.9	0.9	0.8
Miyagi	1,403	1,438	1,390	0.8	0.9	0.9
Miyazaki	1,188	1,126	1,128	1.1	1.0	1.1
Nagano	1,509	1,468	1,475	0.7	0.7	0.7
Nagasaki	2,119	2,043	1,924	1.3	1.3	1.2
Nara	843	803	782	1.1	1.0	1.0
Niigata	2,625	2,642	2,789	1.1	1.1	1.1
Oita	1,337	1,271	1,251	1.1	1.0	1.0
Okayama	1,809	1,711	1,574	1.1	1.0	1.0
Osaka	4,166	4,325	3,801	1.1	1.2	1.1
Saga	1,024	945	996	1.1	1.0	1.0
Saitama	1,543	1,648	1,550	0.7	0.8	0.7
Shiga	657	652	663	0.8	0.7	0.8
Shimane	959	946	966	1.0	1.0	1.1
Shizuoka	2,335	2,320	2,264	0.9	0.9	0.9
Tochigi	1,399	1,224	1,163	0.9	0.8	0.7
Tokushima	931	866	800	1.1	1.0	0.9
Tokyo	5,787	6,066	5,386	0.9	1.0	1.0
Tottori	752	665	678	1.2	1.1	1.1
Toyama	1,137	1,202	1,346	1.1	1.2	1.3
Wakayama	1,094	1,047	1,039	1.1	1.1	1.1
Yamagata	1,551	1,506	1,564	1.1	1.1	1.2
Yamaguchi	1,826	1,796	1,679	1.2	1.2	1.1
Yamanashi	651	566	554	0.8	0.7	0.7

* Data are provisional.

1/ Data refer to all divorces in Japan in which either the husband or wife was a Japanese National. Rates are per 1,000 population estimated as of 1 July each year.

SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original data:

1948-1949, Final Annual Schedule Reports, Ministry of Welfare.

1950, Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 27. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED
BY MONTH: JAPAN, 1949-1950

HOSPITALS

Year and Month	Total Hospitals		Tuberculosis Sanatoria		Mental Hospitals		Leptosaria		All Other Hospitals	
	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949
Annual	3,268	3,019	309	294	131	122	13	13	2,815	2,590
Jan	3,154	2,873	296	290	124	123	13	13	2,721	2,447
Feb	3,175	2,885	298	292	125	123	13	13	2,739	2,457
Mar	3,197	2,905	300	293	127	123	13	13	2,757	2,476
Apr	3,213	2,934	303	294	129	122	13	13	2,768	2,505
May	3,226	2,970	304	294	131	122	13	13	2,778	2,541
Jun	3,250	3,015	307	294	132	122	13	13	2,798	2,586
Jul	3,272	3,064	309	295	132	122	13	13	2,818	2,634
Aug	3,297	3,102	311	296	134	122	13	13	2,839	2,671
Sep	3,323	3,110	314	295	135	122	13	13	2,861	2,680
Oct	3,343	3,112	318	295	134	122	13	13	2,878	2,682
Nov	3,369	3,121	325	294	133	122	13	13	2,898	2,692
Dec	3,395	3,136	327	294	133	123	13	13	2,922	2,706

See footnotes at the end of table.

TABLE 27. - NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED BY MONTH: JAPAN, 1949-1950 - Cont'd

TOTAL PATIENTS

Year and Month	Total Hospitals		Tuberculosis Sanatoria		Mental Hospitals		Leprosaria		All Other Hospitals	
	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949
Annual	514,189	460,177	60,000	47,319	16,002	12,796	8,664	8,250	429,523	391,812
Jan	422,301	368,628	51,882	40,442	13,854	11,366	8,529	8,072	348,036	308,748
Feb	479,882	423,908	54,226	42,057	14,179	11,823	8,603	8,153	402,874	361,875
Mar	490,555	435,555	55,562	42,804	14,415	11,931	8,518	7,847	412,660	372,973
Apr	496,750	457,634	57,342	44,122	15,133	12,489	8,609	8,082	415,666	392,941
May	503,938	462,872	57,847	46,520	15,694	12,702	8,538	7,905	421,859	395,665
Jun	522,436	476,381	61,027	48,427	16,205	13,086	8,652	8,320	436,552	406,548
Jul	552,398	490,238	62,087	49,745	16,564	13,199	8,711	8,393	465,036	418,901
Aug	586,727	521,174	62,915	48,195	17,012	12,882	8,671	8,422	498,129	451,605
Sep	570,552	516,487	64,344	51,515	17,238	13,741	8,734	8,468	480,236	442,763
Oct	527,445	474,187	63,878	51,974	17,280	13,481	8,784	8,408	437,503	400,324
Nov	514,857	451,661	64,283	51,409	17,380	13,532	8,808	8,494	424,386	378,226
Dec	502,430	443,466	64,603	50,622	17,072	13,237	8,814	8,440	411,941	371,167

See footnotes at the end of table.

TABLE 27. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED
BY MONTH: JAPAN, 1949-1950 - Cont'd

2/IN-PATIENTS

Year and Month	Total Hospitals		Tuberculosis Sanatoria		Mental Hospitals		Leprosaria		All Other Hospitals	
	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949
Annual	194,198	153,470	55,222	43,019	15,493	12,335	8,649	8,234	114,834	94,882
Jan	164,093	130,364	48,517	36,609	13,448	10,868	8,511	8,059	93,617	74,828
Feb	176,600	141,796	50,433	37,839	13,737	11,341	8,583	8,139	103,847	83,477
Mar	180,228	144,187	51,220	38,514	13,969	11,445	8,496	7,832	106,543	86,396
Apr	185,348	143,882	52,050	39,870	14,637	11,981	8,589	8,062	110,072	88,969
May	187,823	157,573	53,248	41,804	15,185	12,287	8,522	7,883	110,868	95,599
Jun	194,233	162,333	55,817	43,827	15,647	12,605	8,636	8,305	114,133	97,596
Jul	201,831	163,958	56,871	44,832	15,974	12,800	8,697	8,373	120,289	97,953
Aug	210,607	167,027	57,606	43,293	16,381	12,403	8,655	8,399	127,965	102,932
Sep	213,439	177,074	58,909	47,056	16,670	13,251	8,734	8,448	129,126	108,319
Oct	206,638	176,667	58,840	47,773	16,772	13,074	8,772	8,393	122,254	107,427
Nov	205,754	166,453	59,531	47,684	16,908	13,134	8,795	8,487	120,520	97,148
Dec	203,788	165,322	59,623	47,131	16,588	12,823	8,805	8,432	118,772	96,936

See footnotes at the end of table.

TABLE 27. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED
BY MONTH: JAPAN, 1949-1950 - Cont'd

3/OUT-PATIENTS

Year and Month	Total Hospitals		Tuberculosis Sanatoria		Mental Hospitals		Leprosaria		All Other Hospitals	
	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949
Annual	319,991	301,707	4,778	4,300	509	461	15	16	314,689	296,930
Jan	258,208	238,264	3,365	3,833	406	498	18	13	254,419	233,920
Feb	303,282	282,112	3,793	4,218	442	482	20	14	299,027	277,393
Mar	310,327	291,368	4,342	4,290	446	486	22	15	305,517	286,577
Apr	311,402	308,752	5,292	4,252	496	508	20	20	305,594	303,972
May	316,115	305,299	4,599	4,716	509	495	16	22	310,991	300,066
Jun	328,203	314,048	5,210	4,600	558	481	16	15	322,419	308,952
Jul	350,567	326,280	5,216	4,913	590	399	14	20	344,747	320,948
Aug	376,120	354,077	5,309	4,902	631	479	16	23	370,164	348,673
Sep	357,113	339,413	5,435	4,459	568	490	-	20	351,110	334,444
Oct	320,807	297,520	5,038	4,201	508	407	12	15	315,249	292,197
Nov	309,103	285,208	4,752	3,725	472	398	13	7	303,866	281,078
Dec	298,642	278,144	4,980	3,491	484	414	9	8	293,169	274,231

See footnotes at the end of table.

TABLE 27. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED
BY MONTH: JAPAN, 1949-1950 - Cont'd

4/BED CAPACITY

Year and Month	Total Hospitals		Tuberculosis Sanatoria		Mental Hospitals		Leprosaria		All Other Hospitals	
	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949
Annual	263,198	249,042	61,032	54,404	17,024	15,541	8,907	9,102	176,235	169,995
Jan	254,703	243,802	56,973	53,350	16,041	15,377	9,037	9,119	172,652	165,956
Feb	255,872	243,478	57,552	53,191	16,074	15,360	8,960	9,169	173,286	165,753
Mar	257,411	244,767	58,433	53,261	16,336	15,270	8,886	9,144	173,756	167,692
Apr	258,618	246,724	59,501	53,586	16,698	16,210	8,886	9,138	173,533	168,790
May	260,020	248,520	59,920	54,134	16,950	15,364	8,886	9,145	174,264	170,577
Jun	261,630	249,327	60,637	54,514	17,136	15,540	8,886	9,146	174,571	170,127
Jul	263,200	249,857	61,529	54,382	17,251	15,615	8,892	9,132	175,528	170,728
Aug	264,883	250,890	61,838	54,429	17,416	15,685	8,894	9,110	176,835	171,666
Sep	266,558	251,834	62,174	55,034	17,497	15,667	8,888	9,037	177,999	172,096
Oct	268,958	252,313	63,419	55,356	17,566	15,684	8,887	9,011	179,086	172,262
Nov	271,912	252,477	64,931	55,456	17,644	15,786	8,888	9,036	180,449	172,199
Dec	274,512	253,506	65,480	56,150	17,676	15,928	8,889	9,036	182,467	172,390

See footnotes at the end of table.

TABLE 27. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED BY MONTH: JAPAN, 1949-1950 - Cont'd

5/PERCENT OF BEDS OCCUPIED

Year and Month	Total Hospitals		Tuberculosis Sanatoria		Mental Hospitals		Leprosaria		All Other Hospitals	
	1950	1949	1950	1949	1950	1949	1950	1949	1950	1949
Annual	73.8	63.6	90.5	79.1	91.0	79.4	97.1	90.5	65.2	55.8
Jan	64.4	53.5	85.2	68.6	83.8	70.7	94.2	88.4	54.2	45.1
Feb	69.0	58.2	87.6	71.1	85.5	73.8	95.8	88.8	59.9	51.0
Mar	70.0	58.9	87.7	72.3	85.5	75.0	95.6	85.7	61.3	51.7
Apr	71.7	60.3	87.5	74.4	87.7	78.8	96.7	88.2	63.4	52.7
May	72.2	63.2	88.9	77.2	89.6	80.0	95.9	86.2	63.6	55.9
Jun	74.2	65.1	92.1	80.4	91.3	81.1	97.2	90.8	65.2	57.4
Jul	76.7	65.6	92.4	82.4	92.6	82.0	97.8	91.7	68.5	57.4
Aug	79.5	66.6	93.2	79.5	94.1	79.1	97.3	92.2	72.4	60.0
Sep	80.1	70.3	94.7	85.5	95.3	84.6	98.3	93.5	72.5	62.9
Oct	76.8	70.0	92.8	86.3	95.5	83.4	98.7	93.1	68.3	62.4
Nov	75.7	65.9	91.7	86.0	95.8	83.2	99.0	93.9	66.8	56.4
Dec	74.2	65.2	91.1	83.9	93.8	80.5	99.1	93.3	65.1	56.2

1/Data refer to average number of hospitals of 20 beds or more operating during each month.

2/In-patients include all patients spending at least one night in the hospital.

3/Out-patients include visitors to out-patient clinics and patients treated at home by physicians on hospital staffs.

4/Bed capacity refers to official rated capacity.

5/Percent of beds occupied refers to number of in-patients per 100 beds of official rated capacity.

Sources: Percent of beds occupied calculated by Public Health and Welfare Section, CHQ, SCAP.

Source of original data was Monthly Hospital Reports, Ministry of Welfare.

TABLE 28. - 1/LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES, AND DIVORCES BY PREFECTURE: JAPAN, 1950

Area	Live Births	Deaths	*Infant Deaths	Stillbirths	Marriages	Divorces
All Japan	2,356,765	908,782	141,003	216,979	717,042	83,861
All "Shi"	802,937	300,603	40,547	107,560	247,720	34,479
All "Gun"	1,553,828	608,179	100,456	109,419	469,322	49,382
Aichi	87,857	34,643	5,225	9,173	27,768	3,040
Akita	42,908	15,981	3,410	3,629	12,107	1,690
Aomori	46,314	16,792	4,418	3,885	12,424	1,437
Chiba	58,275	26,330	3,899	4,394	17,590	1,654
Ehime	45,769	16,793	2,619	3,840	13,593	1,980
Fuku	21,449	9,450	1,641	1,787	7,139	876
Fukuoka	109,875	37,292	5,757	10,856	31,491	4,179
Fukushima	68,535	23,712	4,277	5,926	20,441	2,116
Gifu	41,973	17,319	2,692	4,011	13,387	1,409
Gumma	45,335	17,469	2,453	4,732	13,309	1,440
Hiroshima	53,219	22,516	2,810	4,237	18,428	2,624
Hokkaido	148,336	42,995	8,210	11,439	40,235	4,137
Hyogo	82,182	33,457	4,547	8,992	27,823	3,315
Ibaraki	60,790	24,831	4,139	5,237	18,646	1,424
Ishikawa	26,369	12,719	2,195	2,042	8,331	1,137
Iwate	45,950	17,567	4,107	4,247	13,062	1,362
Kagawa	24,795	11,012	1,687	2,536	8,778	1,165
Kagoshima	55,781	21,318	3,343	4,302	15,400	1,797
Kanagawa	65,835	22,251	2,674	5,207	19,379	2,097
Kochi	23,223	10,507	1,444	1,862	7,953	1,185
Kumamoto	55,982	21,059	3,023	4,749	15,926	1,958
Kyoto	41,386	18,028	2,088	4,686	13,490	1,856
Mie	37,557	16,242	2,518	3,431	12,349	1,338
Miyagi	53,550	17,615	3,175	4,959	15,765	1,403
Miyazaki	35,548	12,604	2,164	4,066	9,284	1,188
Nagano	50,768	21,513	2,476	5,882	17,233	1,509
Nagasaki	54,796	19,543	3,273	4,810	15,053	2,119
Nara	18,767	8,603	1,261	1,527	6,902	843
Niigata	73,053	29,102	4,263	6,882	20,998	2,625
Oita	37,110	16,019	2,474	3,550	10,924	1,337
Okayama	40,771	18,871	2,509	4,609	14,929	1,809
Osaka	95,182	36,311	5,142	11,556	30,050	4,166
Saga	30,458	11,399	1,958	2,522	8,943	1,024
Saitama	63,085	26,105	4,123	4,934	17,016	1,543
Shiga	21,779	10,088	1,417	1,978	7,185	657
Shimane	25,961	11,714	1,653	2,577	7,859	959
Shizuoka	70,868	24,744	4,056	6,261	20,295	2,335
Tochigi	47,508	18,502	2,644	3,637	14,230	1,399
Tokushima	25,605	11,713	1,953	2,371	7,947	931
Tokyo	148,007	52,801	6,439	12,345	46,340	5,787
Tottori	16,255	6,715	996	2,406	5,698	752
Toyama	28,179	12,784	2,348	2,274	8,774	1,137
Wakayama	23,985	10,542	1,396	2,211	8,674	1,094
Yamagata	41,087	15,522	2,790	3,981	13,459	1,551
Yamaguchi	43,055	17,278	2,195	4,232	13,785	1,826
Yamanashi	21,693	8,411	1,122	2,209	6,650	651

* Deaths under one year of age.

1/ Data refer to vital events of Japanese Nationals in Japan.

SOURCE: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 29. - 1/LIVE BIRTH, DEATH, INFANT DEATH, STILLBIRTH,
MARRIAGE AND DIVORCE RATES BY PREFECTURE: JAPAN, 1950

Area	Live Birth Rates	Death Rates	*Infant Death Rates	Stillbirth Rates	Marriage Rates	Divorce Rates
All Japan	28.1	10.8	59.8	92.1	8.6	1.0
All "Shi"	25.6	9.6	50.5	134.0	7.9	1.1
All "Gun"	29.7	11.6	64.7	70.4	9.0	0.9
Aichi	25.7	10.1	59.5	104.4	8.1	0.9
Akita	32.5	12.1	79.5	84.6	9.2	1.3
Aomori	35.8	13.0	95.4	83.9	9.6	1.1
Chiba	27.0	12.2	66.9	75.4	8.2	0.8
Ehime	29.9	11.0	57.2	83.9	8.9	1.3
Fukui	28.3	12.5	76.5	83.3	9.4	1.2
Fukuoka	30.9	10.5	52.4	98.8	8.9	1.2
Fukushima	33.0	11.4	62.4	86.5	9.8	1.0
Gifu	27.0	11.1	64.1	95.6	8.6	0.9
Gumma	28.1	10.8	54.1	104.4	8.3	0.9
Hiroshima	25.4	10.7	52.8	79.6	8.8	1.3
Hokkaido	34.3	9.9	55.3	77.1	9.3	1.0
Hyogo	24.7	10.0	55.3	109.4	8.3	1.0
Ibaraki	29.6	12.1	68.1	86.1	9.1	0.7
Ishikawa	27.3	13.2	83.2	77.4	8.6	1.2
Iwate	33.9	12.9	89.4	92.4	9.6	1.0
Kagawa	26.0	11.6	68.0	102.3	9.2	1.2
Kagoshima	30.7	11.7	59.9	77.1	8.5	1.0
Kanagawa	26.3	8.9	40.6	79.1	7.7	0.8
Kochi	26.4	11.9	62.2	80.2	9.0	1.3
Kumamoto	30.4	11.4	54.0	84.8	8.7	1.1
Kyoto	22.4	9.8	50.5	113.2	7.3	1.0
Mie	25.5	11.0	67.0	91.4	8.4	0.9
Miyagi	32.0	10.5	59.3	92.6	9.4	0.8
Miyazaki	32.3	11.5	60.9	114.4	8.4	1.1
Nagano	24.5	10.4	48.8	115.9	8.3	0.7
Nagasaki	33.1	11.8	59.7	87.8	9.1	1.3
Nara	24.4	11.2	67.2	81.4	9.0	1.1
Niigata	29.5	11.7	58.4	94.2	8.5	1.1
Oita	29.4	12.7	66.7	95.7	8.7	1.1
Okayama	24.4	11.3	61.5	113.0	8.9	1.1
Osaka	24.5	9.3	54.0	121.4	7.7	1.1
Saga	32.0	12.0	64.3	82.8	9.4	1.1
Saitama	29.2	12.1	65.4	78.2	7.9	0.7
Shiga	25.1	11.6	65.1	90.8	8.3	0.8
Shimane	28.2	12.7	63.7	99.3	8.5	1.0
Shizuoka	28.5	9.9	57.2	88.3	8.2	0.9
Tochigi	30.4	11.8	55.7	76.6	9.1	0.9
Tokushima	28.9	13.2	76.3	92.6	9.0	1.1
Tokyo	23.4	8.4	43.5	83.4	7.3	0.9
Tottori	26.9	11.1	61.3	148.0	9.4	1.2
Toyama	27.7	12.6	83.3	80.7	8.6	1.1
Wakayama	24.2	10.7	58.2	92.2	8.8	1.1
Yamagata	30.1	11.4	67.9	96.9	9.8	1.1
Yamaguchi	27.7	11.1	51.0	98.3	8.9	1.2
Yamanashi	26.5	10.3	51.7	101.8	8.1	0.8

* Deaths under one year of age.

1/ Data refer to vital events of Japanese Nationals in Japan. Live birth, death, marriage, and divorce rates are per 1,000 population, estimated as of 1 July 1950 and infant death and stillbirth rates are per 1,000 live births during 1950. SOURCES: Rates were computed by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 30. - LIVE BIRTHS BY MONTH BY PREFECTURE: JAPAN, 1950

Area	Total Births	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	2,356,765	258,129	221,819	217,517	189,292	173,098	163,529	186,208	192,572	192,972	189,370	186,468	185,791
All *Shi*	802,937	85,196	74,163	72,900	63,745	58,407	56,246	65,403	66,908	64,806	63,580	64,127	67,456
All *Gun*	1,553,828	172,933	147,656	144,617	125,547	114,691	107,283	120,805	125,664	128,166	125,790	122,341	118,335
Aichi	87,857	9,936	8,303	7,509	7,111	6,453	6,294	7,187	7,321	7,157	6,820	6,771	6,995
Akita	42,908	4,454	4,346	4,528	4,153	3,266	2,955	3,190	3,275	3,425	3,258	3,170	2,888
Amori	46,314	4,311	3,823	4,515	4,496	4,056	3,930	3,880	3,254	3,813	3,720	3,460	3,056
Osaka	58,275	6,341	5,377	5,503	4,839	4,555	4,024	4,363	4,539	4,692	4,552	4,730	4,780
Ehime	45,769	5,137	4,287	3,681	3,428	3,191	3,112	3,676	3,734	3,872	3,923	3,791	3,637
Fuku	21,449	2,305	2,243	2,412	1,901	1,762	1,624	1,703	1,781	1,618	1,512	1,322	1,266
Fukuoka	109,875	12,490	10,073	9,696	7,985	7,433	7,290	8,655	9,209	9,326	9,092	8,903	9,723
Fukushima	68,535	7,121	6,475	6,425	5,610	5,179	4,813	5,319	5,453	5,543	5,563	5,649	5,385
Gifu	41,973	4,752	4,077	3,919	3,455	3,072	3,060	3,365	3,377	3,452	3,186	3,130	3,128
Gumma	45,335	4,806	4,044	4,035	3,501	3,513	3,249	3,712	3,839	3,761	3,711	3,517	3,647
Hiroshima	53,219	6,033	5,190	4,865	4,248	3,754	3,684	4,327	4,373	4,141	4,182	4,285	4,137
Hokkaido	148,336	15,905	13,814	15,058	12,955	12,529	10,719	11,240	11,519	12,069	11,630	10,756	10,142
Iwago	82,182	9,032	7,901	7,773	6,446	5,760	5,841	7,105	7,050	6,513	5,975	6,365	6,391
Ibaraki	60,790	6,346	5,484	5,418	4,911	4,992	4,370	4,715	4,961	4,717	4,692	5,002	5,182
Ishikawa	26,369	3,086	2,710	2,871	2,184	1,935	1,729	2,089	2,110	2,152	1,919	1,798	1,776
Iwate	45,950	4,403	4,178	4,304	4,300	3,736	3,318	3,705	3,679	3,655	3,647	3,624	3,401
Kanagawa	21,795	2,958	2,375	2,217	1,755	1,675	1,674	2,134	2,164	2,052	2,039	1,849	1,893
Kyoshima	55,771	6,448	5,093	4,439	4,071	3,691	3,680	4,338	4,398	5,129	5,131	4,974	4,389
Yamaguchi	65,835	7,155	6,111	6,025	5,190	5,006	4,712	5,058	5,393	5,218	5,319	5,308	5,310
Yoshi	23,223	2,705	2,043	1,937	1,569	1,532	1,566	1,877	1,948	2,020	1,946	2,053	1,957

TABLE 30. - LIVE BIRTHS BY MONTH BY PREFECTURE: JAPAN, 1950 - Cont'd

Area	Total Births	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	55,982	6,724	5,222	4,763	4,024	3,614	3,711	4,197	4,343	4,731	4,861	4,937	4,855
Kyoto	41,386	4,717	4,061	4,057	3,423	2,922	2,812	3,273	3,322	3,086	2,984	3,216	3,483
Nie	37,557	4,279	3,467	3,349	2,861	2,657	2,632	2,932	3,055	3,169	3,143	3,041	3,041
Miyagi	53,550	5,477	4,842	4,884	4,347	4,015	3,736	4,146	4,259	4,409	4,400	4,606	4,429
Miyazaki	35,548	4,139	3,259	2,853	2,427	2,126	2,232	2,745	3,010	3,152	3,234	3,173	3,198
Nagano	50,768	5,497	4,887	4,730	4,186	3,806	3,496	3,808	3,911	4,237	4,315	3,938	3,957
Nagasaki	54,796	6,029	4,793	4,539	4,004	3,686	3,601	4,156	4,661	4,767	4,825	4,905	4,828
Nara	18,767	2,112	1,801	1,768	1,394	1,329	1,264	1,480	1,559	1,429	1,470	1,544	1,617
Niigata	73,053	7,708	7,235	7,901	6,242	5,482	4,748	5,471	6,082	6,387	5,991	5,183	4,623
Oita	37,110	4,348	3,816	3,284	2,845	2,583	2,471	2,837	2,997	2,927	3,045	2,989	2,968
Okayama	40,771	4,604	4,007	3,689	3,201	2,790	2,684	3,366	3,602	3,182	3,360	3,197	3,089
Osaka	95,182	9,884	8,891	8,941	7,556	6,867	6,608	8,119	7,688	7,321	7,238	7,688	8,381
Saga	30,458	3,714	2,841	2,490	2,179	2,010	1,961	2,318	2,451	2,706	2,692	2,547	2,549
Saitama	63,085	6,623	5,934	5,524	4,712	4,497	4,435	5,103	5,515	5,129	5,309	5,055	5,249
Shiga	21,779	2,471	2,173	2,116	1,845	1,761	1,545	1,672	1,755	1,704	1,507	1,524	1,706
Shimane	25,961	2,870	2,548	2,593	2,246	1,907	1,695	1,888	2,129	2,040	2,018	1,943	2,084
Shizuoka	70,868	8,066	6,432	5,888	5,796	5,153	4,948	5,619	5,985	5,882	5,739	5,731	5,629
Tochigi	47,508	5,060	4,443	4,261	3,853	3,660	3,309	3,669	3,986	3,791	3,859	3,737	3,780
Tokushima	25,605	2,872	2,356	2,225	1,931	1,736	1,769	2,019	2,130	2,159	2,209	2,210	1,989
Tokyo	148,007	15,920	14,015	13,977	11,979	10,664	10,331	11,908	12,496	11,881	11,330	11,526	11,980
Tottori	16,255	1,917	1,642	1,549	1,400	1,155	1,062	1,245	1,262	1,225	1,222	1,274	1,282
Toyama	28,179	3,090	2,630	2,922	2,424	2,155	1,962	2,345	2,344	2,550	2,161	1,824	1,732
Wakayama	23,985	2,776	2,248	2,146	1,777	1,611	1,692	1,953	2,028	1,941	1,870	1,950	1,993
Yamagata	41,087	4,235	3,977	4,059	3,360	3,055	2,749	3,128	3,255	3,652	3,415	3,285	2,907
Yamaguchi	43,055	4,854	4,247	3,863	3,408	3,013	2,787	3,473	3,654	3,346	3,466	3,270	3,674
Yamanashi	21,693	2,389	2,105	1,916	1,744	1,662	1,619	1,700	1,706	1,794	1,890	1,793	1,375

Data refer to births of Japanese national in Japan.

Sources: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 31. - LIVE BIRTH RATES BY MONTH BY PREFECTURE: JAPAN, 1950
(Rate per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	28.1	36.3	34.5	30.6	27.5	24.3	23.7	26.2	27.1	28.0	26.6	27.1	26.1
All "Shi"	25.6	31.9	30.8	27.3	24.7	21.9	21.8	24.5	25.1	25.1	23.8	24.8	25.3
All "Gun"	29.7	38.9	36.8	32.5	29.2	25.8	24.9	27.2	28.3	29.8	28.3	28.4	26.6
Aichi	25.7	34.3	31.7	25.9	25.3	22.2	22.4	24.8	25.2	25.5	23.5	24.1	24.1
Akita	32.5	39.8	43.0	40.4	38.3	29.2	27.3	28.5	29.2	31.6	29.1	29.3	25.8
Aomori	35.8	39.3	38.6	41.4	42.3	37.0	37.0	35.4	29.6	35.9	33.9	30.6	27.8
Chiba	27.0	34.7	32.5	30.1	27.3	24.9	22.7	23.8	24.8	26.5	24.9	26.7	26.0
Ehime	29.9	39.5	36.5	28.3	27.2	24.5	24.7	28.2	28.7	30.7	30.1	30.1	30.2
Fukui	28.3	35.8	38.6	37.5	30.5	27.4	26.1	26.5	27.7	26.0	23.5	21.2	19.7
Fukuoka	30.9	41.4	36.9	32.1	27.3	24.6	24.9	28.7	30.5	31.9	30.1	30.5	32.2
Fukushima	33.0	40.4	40.6	36.4	32.9	29.4	28.2	30.1	30.9	32.5	31.5	33.1	30.5
Gifu	27.0	36.0	34.2	29.7	27.0	23.3	23.9	25.5	25.6	27.0	24.1	24.5	23.7
Gunma	28.1	35.1	32.7	29.5	26.4	25.6	24.5	27.1	28.0	28.1	27.1	26.5	26.6
Hiroshima	25.4	33.9	32.3	27.3	24.6	21.1	21.4	24.3	24.6	24.0	23.5	24.9	23.2
Hokkaido	34.3	43.3	41.6	41.0	36.4	34.1	30.1	30.6	31.3	33.9	31.7	30.2	27.6
Ibigo	24.7	31.9	30.9	27.5	23.5	20.3	21.3	25.1	24.9	23.9	21.1	22.2	22.6
Ibaragi	29.6	36.4	34.8	31.1	29.1	28.6	25.9	27.0	28.1	27.9	26.9	29.6	29.7
Ishikawa	27.3	37.7	36.6	35.1	27.6	23.6	21.8	25.5	25.8	27.3	23.4	22.7	21.7
Iwate	33.9	38.2	40.1	37.4	38.6	32.4	29.8	30.2	31.9	32.2	31.7	32.5	29.5
Kagawa	26.0	36.5	32.5	27.4	22.4	20.7	21.4	26.4	26.7	26.3	25.2	23.6	23.4
Kagoshima	36.7	41.8	36.5	28.8	27.3	23.9	24.6	28.1	28.5	34.3	33.2	33.3	28.4
Kanagawa	26.3	33.6	31.8	28.3	25.2	23.5	22.9	23.8	23.3	24.5	25.0	25.8	25.1
Kochi	26.4	36.2	30.3	25.9	22.0	21.2	21.6	25.1	26.1	27.9	26.0	28.4	26.2

TABLE 31. - LIVE BIRTH RATES BY MONTH BY PREFECTURE: JAPAN, 1950 Cont'd
(Rate per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	30.4	43.0	37.0	30.5	26.6	23.1	24.5	26.8	27.8	31.3	31.1	32.6	31.1
Kyoto	22.4	30.3	29.7	25.9	22.6	19.6	18.5	20.9	21.2	20.3	19.0	21.2	22.2
Kie	25.5	34.2	30.7	26.8	23.7	21.3	21.8	23.5	24.4	26.2	25.1	24.5	24.3
Kiyagi	32.0	38.5	37.7	34.3	31.6	28.2	27.1	29.1	29.9	32.0	30.9	33.5	31.1
Kiyazaki	32.3	44.3	37.6	30.6	26.9	22.8	24.7	29.4	32.2	34.9	34.6	35.1	34.2
Nagano	24.5	31.2	30.7	26.8	24.5	21.6	20.5	21.6	22.2	24.8	24.5	23.1	22.4
Nagasaki	33.1	42.8	37.7	32.2	29.4	26.2	26.4	29.5	33.1	35.0	34.3	36.0	34.3
Nara	24.4	32.3	30.5	27.1	22.0	20.3	20.0	22.7	23.9	22.6	22.5	24.4	24.7
Niigata	29.5	36.6	35.0	37.5	30.6	26.0	23.3	26.0	28.9	31.3	28.5	25.4	22.0
Oita	29.4	40.6	39.4	30.6	27.4	24.1	23.8	26.5	28.0	28.2	28.4	28.8	27.7
Okayama	24.4	32.4	31.2	26.0	23.3	19.6	19.5	23.7	25.3	23.1	23.6	23.2	21.7
Osaka	24.5	30.0	29.8	27.1	23.7	20.8	20.7	24.6	23.3	22.9	21.9	24.1	25.4
Saga	32.0	45.9	38.9	30.8	27.8	24.9	25.1	28.7	30.3	34.6	33.3	32.6	31.5
Saitama	29.2	36.1	35.8	30.1	26.5	24.5	25.0	27.8	30.0	28.9	28.9	28.4	28.6
Shiga	25.1	33.5	32.7	28.7	25.9	22.9	21.7	22.7	23.8	23.9	20.5	21.4	23.2
Shimane	28.2	36.8	36.1	33.2	29.7	24.4	24.4	24.2	27.3	27.0	25.8	25.7	26.7
Shizuoka	28.5	38.2	33.7	27.8	28.3	24.4	24.2	26.6	28.3	28.7	27.1	28.0	26.6
Tochigi	30.4	38.1	37.1	32.9	30.0	27.6	25.8	27.7	30.1	29.5	29.1	29.1	28.5
Tokushima	28.9	38.2	34.7	29.6	26.6	23.1	24.3	26.9	28.3	29.7	29.4	30.4	26.5
Tokyo	23.4	29.7	28.9	26.0	23.1	19.9	19.9	22.2	23.3	22.9	21.1	22.2	22.3
Tottori	26.9	37.3	35.4	30.2	28.2	22.5	21.8	24.2	24.6	24.7	23.8	25.6	25.0
Toyama	27.7	35.8	33.7	33.9	29.0	25.4	23.5	27.2	27.2	30.5	25.0	21.8	20.1
Wakayama	24.2	33.0	29.6	25.5	21.9	19.2	20.8	23.2	24.1	23.9	22.3	24.0	23.7
Yamagata	30.1	36.5	37.9	35.0	29.9	26.3	24.5	26.9	28.1	32.5	29.4	29.2	25.0
Yamaguchi	27.7	36.8	35.7	29.3	26.7	22.9	21.8	26.3	27.7	26.2	26.5	25.6	27.9
Yamaguchi	26.5	34.4	33.6	27.6	26.0	23.9	24.1	24.5	24.6	26.7	27.2	26.7	19.8

Date refer to birth of Japanese nationals in Japan.

Sources: Rates were computed by Public Health and Welfare Section, CHC, SCAP.

Sources of original birth data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 32. - DEATHS BY MONTH BY PREFECTURE: JAPAN, 1950

Area	Total Deaths	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	908,782	91,526	81,742	89,367	71,635	69,296	66,346	72,018	73,820	66,983	67,200	68,124	90,725
All "Shi"	300,603	30,155	26,399	28,164	23,457	23,093	22,145	23,541	24,607	22,295	22,877	23,543	30,327
All "Gun"	608,179	61,371	55,343	61,203	48,178	46,203	44,201	48,477	49,213	44,688	44,323	44,581	60,398
Aichi	34,643	3,678	3,208	3,371	2,624	2,577	2,627	2,931	2,777	2,427	2,557	2,404	3,462
Akita	15,981	1,474	1,467	1,646	1,504	1,384	1,231	1,224	1,219	1,240	1,242	1,111	1,239
Aomori	16,792	1,509	1,333	1,712	1,487	1,513	1,351	1,591	1,411	1,286	1,260	1,117	1,222
Chiba	26,330	2,859	2,591	2,655	1,972	1,993	1,951	1,985	2,076	1,913	1,986	1,784	2,565
Ehime	16,793	1,664	1,506	1,591	1,244	1,271	1,264	1,308	1,281	1,199	1,222	1,266	1,977
Fukuoka	9,450	850	867	886	811	733	669	726	831	724	697	692	964
Fukushima	37,292	3,652	3,348	3,527	2,863	2,731	2,712	2,934	2,989	2,681	2,747	2,922	4,186
Gifu	23,712	2,352	2,054	2,440	2,111	1,857	1,681	1,822	1,915	1,875	1,789	1,704	2,112
Gunma	17,319	1,682	1,560	1,728	1,392	1,312	1,406	1,515	1,434	1,241	1,230	1,227	1,592
Hiroshima	22,516	2,219	1,929	2,022	1,755	1,718	1,532	1,691	1,811	1,686	1,629	1,734	2,790
Hokkaido	42,995	4,089	3,747	4,111	3,897	3,647	3,271	3,420	3,548	3,202	3,046	3,019	3,698
Ibaraki	33,457	3,436	3,028	3,108	2,503	2,526	2,336	2,582	2,827	2,506	2,517	2,768	3,320
Ishikawa	24,831	2,599	2,312	2,596	1,902	1,810	1,857	1,979	1,978	1,834	1,710	1,753	2,501
Ishikawa	12,719	1,181	1,147	1,255	1,034	909	880	1,030	1,016	1,022	965	907	1,373
Iwate	17,567	1,704	1,515	1,800	1,548	1,504	1,280	1,397	1,425	1,381	1,309	1,239	1,465
Kagawa	11,012	1,141	1,003	1,040	775	762	757	805	839	793	876	989	1,232
Kagoshima	21,318	2,263	1,796	1,960	1,475	1,491	1,551	1,726	1,766	1,533	1,591	1,767	2,399
Kanagawa	22,251	2,436	2,110	2,201	1,745	1,649	1,629	1,683	1,825	1,582	1,617	1,662	2,112
Kochi	10,507	1,037	1,001	1,022	719	778	682	749	803	756	790	856	1,284

TABLE 32. - DEATHS BY MONTH BY PREFECTURE: JAPAN, 1950 - Cont'd

Area	Total Deaths	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	21,059	2,014	1,770	1,918	1,525	1,625	1,504	1,700	1,708	1,503	1,629	1,699	2,414
Kyoto	18,028	1,918	1,651	1,671	1,420	1,419	1,331	1,356	1,424	1,298	1,371	1,402	1,767
Mie	16,242	1,720	1,535	1,668	1,224	1,164	1,170	1,245	1,192	1,072	1,185	1,194	1,873
Miyagi	17,615	1,703	1,611	1,755	1,540	1,436	1,273	1,330	1,395	1,296	1,264	1,345	1,667
Miyazaki	12,604	1,377	1,127	1,172	939	907	934	985	1,036	926	940	970	1,291
Nagano	21,513	2,105	1,973	2,308	1,843	1,682	1,601	1,677	1,754	1,545	1,597	1,508	1,920
Nagasaki	19,543	1,915	1,682	1,916	1,497	1,551	1,505	1,541	1,558	1,387	1,385	1,539	2,067
Nara	8,603	871	774	845	635	585	624	688	681	609	669	766	856
Niigata	29,102	2,682	2,347	2,928	2,694	2,454	2,172	2,395	2,472	2,260	2,303	2,042	2,353
Oita	16,019	1,610	1,509	1,631	1,241	1,196	1,148	1,137	1,224	1,213	1,123	1,187	1,800
Okayama	18,871	1,895	1,698	1,730	1,406	1,257	1,316	1,477	1,570	1,459	1,426	1,562	2,075
Osaka	36,311	3,623	3,128	3,360	2,766	2,757	2,601	2,889	2,960	2,892	2,772	3,252	3,311
Saga	11,399	1,175	992	1,076	840	893	786	911	893	841	853	985	1,154
Saitama	26,105	2,684	2,356	2,598	1,931	1,786	1,856	2,215	2,488	1,926	1,870	1,821	2,574
Shiga	10,088	987	979	1,020	742	720	745	808	790	695	742	806	1,054
Shimane	11,714	1,139	1,018	1,122	891	839	762	882	870	916	879	850	1,546
Shizuoka	24,744	2,667	2,528	2,654	1,834	1,860	1,777	1,875	1,945	1,684	1,836	1,734	2,350
Tochigi	18,502	1,803	1,696	1,959	1,345	1,346	1,312	1,540	1,667	1,411	1,303	1,363	1,757
Tokushima	11,713	1,135	1,086	1,262	888	848	835	866	873	837	813	954	1,316
Tokyo	52,801	5,841	5,112	4,996	4,026	3,966	3,874	3,991	4,305	3,693	3,878	3,841	5,278
Tottori	6,715	664	569	669	520	543	428	554	563	510	490	481	724
Toyama	12,784	1,121	1,038	1,313	1,061	1,049	1,009	1,182	1,070	978	943	839	1,181
Wakayama	10,542	1,200	903	982	788	761	753	828	860	846	825	850	1,046
Yamagata	15,522	1,494	1,234	1,638	1,363	1,327	1,169	1,274	1,217	1,179	1,181	1,146	1,300
Yamaguchi	17,278	1,768	1,474	1,604	1,252	1,231	1,236	1,359	1,326	1,309	1,252	1,304	2,163
Yamaguchi	8,411	851	800	912	678	643	631	701	695	538	638	561	763

Data refer to deaths of Japanese nationals in Japan.

Sources: Monthly Vital Statistics Schudele Reports, Ministry of Welfare.

TABLE 33. - DEATH RATES BY MONTH BY PREFECTURE: JAPAN, 1950
(Rates per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	10.8	12.9	12.7	12.6	10.4	9.7	9.6	10.1	10.4	9.7	9.4	9.9	12.7
All "Shi"	9.6	11.3	11.0	10.6	9.1	8.7	8.6	8.8	9.2	8.6	8.6	9.1	11.4
All "Gun"	11.6	13.8	13.8	13.8	11.2	10.4	10.3	10.9	11.1	10.4	10.0	10.4	13.6
Aichi	10.1	12.7	12.2	11.6	9.3*	8.9	9.4	10.1	9.6	8.6	8.8	8.6	11.9
Akita	12.1	13.2	14.5	14.7	13.9	12.4	11.4	10.9	10.9	11.4	11.1	10.3	11.1
Aomori	13.0	13.7	13.4	15.6	14.0	13.8	12.7	14.5	12.9	12.1	11.5	10.5	11.1
Chiba	12.2	15.6	15.7	14.5	11.1	10.9	11.0	10.8	11.3	10.8	10.9	10.1	14.0
Ehime	11.0	12.8	12.8	12.2	9.9	9.8	10.0	10.0	9.8	9.5	9.4	10.0	15.2
Fukui	12.5	13.2	14.9	13.8	13.0	11.4	10.7	11.3	12.9	11.6	10.8	11.1	15.0
Fukuoka	10.5	12.1	12.3	11.7	9.8	9.0	9.3	9.7	9.9	9.2	9.1	10.0	13.9
Fukushima	11.4	13.3	12.9	13.8	12.4	10.5	9.8	10.3	10.9	11.0	10.1	10.0	12.0
Gifu	11.1	12.7	13.1	13.1	10.9	9.9	11.0	11.5	10.9	9.7	9.3	9.6	12.0
Gunma	10.8	13.4	13.2	12.3	10.2	9.4	10.0	11.1	11.0	9.6	9.1	9.1	11.5
Hiroshima	10.7	12.5	12.0	11.4	10.2	9.6	8.9	9.5	10.2	9.8	9.1	10.1	15.7
Hokkaido	9.9	11.1	11.3	12.0	11.0	9.9	9.2	9.3	9.7	9.0	8.3	8.5	10.1
Hyogo	10.0	12.1	11.8	11.0	9.1	8.9	8.5	9.1	10.0	9.1	8.9	10.1	11.7
Ibaragi	12.1	14.9	14.7	14.9	11.3	10.4	11.0	11.3	11.3	10.9	9.8	10.4	14.3
Ishikawa	13.2	14.4	15.5	15.3	13.0	11.1	11.1	12.6	12.4	12.9	11.8	11.4	16.8
Iwate	12.9	14.8	14.6	15.6	13.9	13.1	11.5	12.1	12.4	12.4	11.4	11.1	12.7
Kagawa	11.6	14.1	13.7	12.9	9.9	9.4	9.7	9.9	10.4	10.1	10.8	12.6	15.2
Kagoshima	11.7	14.7	12.7	12.7	9.9	9.7	10.4	11.2	11.4	10.3	10.3	11.8	15.5
Kanagawa	8.9	11.4	11.0	10.3	8.5	7.7	7.9	7.9	8.6	7.7	7.6	8.1	9.9
Kochi	11.9	13.9	14.8	13.7	10.4	10.4	9.4	10.0	10.7	10.4	10.6	11.8	17.2

TABLE 33. - DEATH RATES BY MONTH BY PREFECTURE: JAPAN, 1950 - Cont'd
(Rates per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	11.4	12.9	12.5	12.3	10.1	10.4	9.9	10.9	10.9	9.9	10.4	11.2	15.8
Kyoto	9.8	12.2	11.7	10.7	9.4	9.0	8.8	8.6	9.1	8.6	8.7	9.2	11.3
Kiie	11.0	13.8	13.6	13.3	10.1	9.3	9.7	10.0	9.5	8.9	9.5	9.9	15.0
Miyagi	10.5	12.0	12.5	12.3	11.2	10.1	9.2	9.3	9.8	9.4	8.9	9.8	11.7
Miyazaki	11.5	14.7	13.4	12.6	10.4	9.7	10.3	10.5	11.1	10.2	10.1	10.7	13.8
Nagano	10.4	11.9	12.4	13.1	10.8	9.5	9.4	9.5	9.9	9.1	9.1	8.8	10.9
Nagasaki	11.8	13.6	12.4	13.6	11.0	11.0	11.0	10.9	11.1	10.2	9.8	11.3	14.7
Nara	11.2	13.3	13.1	12.9	10.0	9.0	9.9	10.5	10.4	9.6	10.2	12.1	13.1
Niigata	11.7	12.7	12.3	13.9	13.2	11.7	10.7	11.4	11.7	11.1	10.9	10.0	11.2
Oita	12.7	15.0	15.6	15.2	12.0	11.2	11.1	10.6	11.4	11.7	10.5	11.4	16.8
Okayama	11.3	13.3	13.2	12.2	10.2	8.8	9.6	10.4	11.0	10.6	10.0	11.4	14.6
Osaka	9.3	11.0	10.5	10.2	8.7	8.4	8.1	8.8	9.0	9.1	8.4	10.2	10.0
Sege	12.0	14.5	13.6	13.3	10.7	11.0	10.0	11.3	11.0	10.7	10.5	12.6	14.3
Saitama	12.1	14.6	14.2	14.1	10.9	9.7	10.4	12.1	13.6	10.8	10.2	10.2	14.0
Shiga	11.6	13.4	14.7	13.8	10.4	9.8	10.4	11.0	10.7	9.7	10.1	11.3	14.3
Shimano	12.7	14.6	14.4	14.4	11.8	10.7	10.1	11.3	11.1	12.1	11.3	11.3	19.8
Shizuoka	9.9	12.6	13.2	12.6	9.0	8.8	8.7	8.9	9.2	8.2	8.7	8.5	11.1
Tochigi	11.8	13.6	14.2	14.8	10.5	10.1	10.2	11.6	12.6	11.0	9.8	10.6	13.2
Tokushima	13.2	15.1	16.0	16.8	12.2	11.3	11.5	11.5	11.6	11.5	10.8	13.1	17.5
Tokyo	8.4	10.9	10.5	9.3	7.7	7.4	7.5	7.4	8.0	7.1	7.2	7.4	9.8
Tottori	11.1	12.9	12.3	13.0	10.5	10.6	8.6	10.8	11.0	10.3	9.5	9.7	14.1
Toyama	12.6	13.0	13.3	15.2	12.7	12.2	12.1	13.7	12.4	11.7	10.9	10.0	13.7
Wakayama	10.7	13.1	11.9	11.7	9.7	9.1	9.3	9.9	10.2	10.4	9.8	10.5	12.4
Yamagata	11.4	12.9	11.8	14.1	12.1	11.4	10.4	11.0	10.5	10.5	10.2	10.2	11.2
Yamaguchi	11.1	13.4	12.4	12.2	9.8	9.3	9.7	10.3	10.1	10.3	9.5	10.2	16.4
Yamaguchi	10.3	12.3	12.8	13.1	10.1	9.3	9.4	10.1	10.0	8.0	9.2	8.4	11.0

Data refer to deaths of Japanese nationals in Japan.

Rates were computed by Public Health and Welfare Section, CHQ, SOAP.

Sources: Sources of original death data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 34. - MATERNAL DEATHS AND MATERNAL DEATH RATES BY CAUSE
BY PREFECTURE, JAPAN, 1950
(Rates per 1,000 live births)

Area	Total		Toxemias		Hemorrhages		Puerperal Fever	
	Maternal Deaths		Of Pregnancy		Of Pregnancy		(645-1, 651, 680-684)	
	(640-689)		(642)		(643-644)			
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	4,039	1.7	988	0.4	209	0.1	350	0.1
All "Shi"	1,534	1.9	397	0.5	89	0.1	124	0.2
All "Gun"	2,505	1.6	591	0.4	120	0.1	226	0.1
Aichi	122	1.4	22	0.3	6	0.1	8	0.1
Akita	101	2.4	22	0.5	4	0.1	11	0.3
Aomori	87	1.9	15	0.3	6	0.1	23	0.5
Chiba	88	1.5	18	0.3	4	0.1	4	0.1
Ehime	60	1.3	14	0.3	3	0.1	3	0.1
Fukui	42	2.0	15	0.7	1	0.0	3	0.1
Fukuoka	183	1.7	45	0.4	7	0.1	18	0.2
Fukushima	122	1.8	31	0.5	10	0.1	7	0.1
Gifu	82	2.0	23	0.5	1	0.0	5	0.1
Gunma	79	1.7	20	0.4	3	0.1	10	0.2
Hiroshima	83	1.6	24	0.5	7	0.1	6	0.1
Hokkaido	232	1.6	59	0.4	13	0.1	15	0.1
Hyogo	165	2.0	51	0.6	6	0.1	9	0.1
Ibaraki	110	1.8	26	0.4	7	0.1	11	0.2
Ishikawa	41	1.6	11	0.4	3	0.1	3	0.1
Iwate	114	2.5	14	0.3	4	0.1	22	0.5
Kagawa	34	1.4	7	0.3	-	-	2	0.1
Kagoshima	89	1.6	29	0.5	3	0.1	8	0.1
Kanagawa	107	1.6	30	0.5	13	0.2	5	0.1
Kochi	39	1.7	9	0.4	-	-	3	0.1
Kumamoto	97	1.7	28	0.5	2	0.0	8	0.1
Kyoto	69	1.7	8	0.2	2	0.0	14	0.3
Mie	60	1.6	14	0.4	4	0.1	5	0.1
Miyagi	82	1.5	19	0.4	5	0.1	9	0.2
Miyazaki	70	2.0	16	0.5	3	0.1	2	0.1
Nagano	81	1.6	18	0.4	4	0.1	6	0.1
Nagasaki	98	1.8	22	0.4	4	0.1	12	0.2
Nara	49	2.6	13	0.7	4	0.2	1	0.1
Niigata	117	1.6	31	0.4	8	0.1	13	0.2
Oita	67	1.8	16	0.4	3	0.1	8	0.2
Okayama	78	1.9	15	0.4	-	-	5	0.1
Osaka	163	1.7	32	0.3	10	0.1	15	0.2
Saga	55	1.8	17	0.6	3	0.1	4	0.1
Saitama	113	1.8	32	0.5	8	0.1	11	0.2
Shiga	35	1.6	8	0.4	3	0.1	3	0.1
Shimane	35	1.3	7	0.3	2	0.1	1	0.0
Shizuoka	109	1.5	22	0.3	10	0.1	2	0.0
Tochigi	81	1.7	19	0.4	3	0.1	4	0.1
Tokushima	55	2.1	8	0.3	4	0.2	5	0.2
Tokyo	226	1.5	71	0.5	11	0.1	12	0.1
Tottori	35	2.2	9	0.6	1	0.1	2	0.1
Toyama	41	1.5	14	0.5	3	0.1	4	0.1
Wakayama	46	1.9	12	0.5	1	0.0	5	0.2
Yamagata	75	1.8	23	0.6	4	0.1	11	0.3
Yamaguchi	83	1.9	17	0.4	3	0.1	9	0.2
Yamanashi	39	1.8	12	0.6	3	0.1	3	0.1

See footnotes at end of table.

TABLE 34. - MATERNAL DEATHS AND MATERNAL DEATH RATES BY CAUSE
BY PREFECTURE, JAPAN, 1950, Cont'd
(Rates per 1,000 live births)

Area	Hemorrhages of Childbirth and the Puerperium (670-672)		Puerperal Toxemias (685-686)		Other Maternal Deaths	
	Number	Rate	Number	Rate	Number	Rate
All Japan	912	0.4	394	0.2	1,186	0.5
All "Shi"	298	0.4	158	0.2	468	0.6
All "Gun"	614	0.4	236	0.2	718	0.5
Aichi	28	0.3	13	0.1	45	0.5
Akita	29	0.7	11	0.3	24	0.6
Aomori	14	0.3	14	0.3	15	0.3
Chiba	20	0.3	8	0.1	34	0.6
Ehime	20	0.4	3	0.1	17	0.4
Fukui	10	0.5	6	0.3	7	0.3
Fukuoka	35	0.3	12	0.1	66	0.6
Fukushima	26	0.4	16	0.2	32	0.5
Gifu	17	0.4	13	0.3	23	0.5
Gumma	16	0.4	7	0.2	23	0.5
Hiroshima	19	0.4	4	0.1	23	0.4
Hokkaido	53	0.4	17	0.1	75	0.5
Hyogo	31	0.4	14	0.2	54	0.7
Ibaraki	28	0.5	12	0.2	26	0.4
Ishikawa	11	0.4	-	-	13	0.5
Iwate	21	0.5	13	0.3	40	0.9
Kagawa	9	0.4	4	0.2	12	0.5
Kagoshima	19	0.3	6	0.1	24	0.4
Kanagawa	25	0.4	11	0.2	23	0.3
Kochi	8	0.3	5	0.2	14	0.6
Kumamoto	24	0.4	4	0.1	31	0.6
Kyoto	8	0.2	8	0.2	29	0.7
Mie	16	0.4	9	0.2	12	0.3
Miyagi	16	0.3	9	0.2	24	0.4
Miyazaki	19	0.5	9	0.3	21	0.6
Nagano	19	0.4	9	0.2	25	0.5
Nagasaki	28	0.5	4	0.1	28	0.5
Nara	10	0.5	5	0.3	16	0.9
Niigata	25	0.3	7	0.1	33	0.5
Oita	17	0.5	6	0.2	17	0.5
Okayama	21	0.5	12	0.3	25	0.6
Osaka	29	0.3	24	0.3	53	0.6
Saga	12	0.4	7	0.2	12	0.4
Saitama	32	0.5	6	0.1	24	0.4
Shiga	6	0.3	7	0.3	8	0.4
Shimane	8	0.3	5	0.2	12	0.5
Shizuoka	28	0.4	15	0.2	32	0.5
Tochigi	19	0.4	6	0.1	30	0.6
Tokushima	16	0.6	6	0.2	16	0.6
Tokyo	50	0.3	19	0.1	63	0.4
Tottori	11	0.7	2	0.1	10	0.6
Toyama	6	0.2	4	0.1	10	0.4
Wakayama	14	0.6	4	0.2	10	0.4
Yamagata	10	0.2	5	0.1	22	0.5
Yamaguchi	25	0.6	8	0.2	21	0.5
Yamanashi	4	0.2	5	0.2	12	0.6

See footnotes at end of table.

TABLE 34. - MATERNAL DEATHS AND MATERNAL DEATH RATES BY CAUSE
 BY PREFECTURE; JAPAN, 1950, Cont'd
 (Rates per 1,000 live births)

Footnotes: Data refer to vital events to Japanese Nationals in Japan.
 Rates are per 1,000 live births during 1950.

A dash (-) indicates that no deaths were reported and that the rate was zero.

A rate of 0.0 indicates that there were some deaths but that the rate was less than 0.05.

Sources: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.
 Sources of original data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 35. - 1/COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE
DISEASE CASE AND DEATH RATES; JAPAN, 1950
(Rates per 100,000 population per annum)

Disease and International List Numbers	CASES		DEATHS	
	Numbers	Rates	Numbers	Rates
Tuberculosis (001-019)	528,324	632.2	122,099	145.7
Syphilis (020-029)	121,386	145.3	5,188	6.2
Gonorrhea (030-035)	178,102	213.1	NA	NA
Chanoroid (037)	15,806	18.9	NA	NA
Lymphogranuloma Venereum (037)	490	0.6	NA	NA
Typhoid Fever (040)	4,884	5.8	648	0.8
Paratyphoid Fever (041)	1,709	2.0	80	0.1
Cholera (043)	-	-	-	-
2/Dysentery (045-046)	49,739	59.5	12,019	14.3
Scarlet Fever (050)	5,133	6.1	32	0.0
Diphtheria (055)	12,575	15.0	1,199	1.4
Whooping Cough (056)	122,733	146.9	8,459	10.1
Epidemic Meningitis (057)	1,192	1.4	368	0.4
Plague (058)	-	-	-	-
Leprosy (060)	605	0.7	87	0.1
Tetanus (061)	1,913	2.3	1,550	1.8
Anthrax (062)	2	0.0	-	-
Glanders (064.2)	-	-	-	-
Polioomyelitis (080-081)	3,211	3.8	810	1.0
Japanese "B" encephalitis (082a)	5,182	6.2	2,440	2.9
Smallpox (084)	5	0.0	8	0.0
Measles (085)	56,147	67.2	3,775	4.5
Dengue Fever (090)	1	0.0	NA	NA
Yellow Fever (091)	-	-	-	-
Rabies (094)	57	0.1	60	0.1
Trachoma (095)	156,157	186.9	NA	NA
3/Typhus Fever (100)	938	1.1	98	0.1
Tsutsugamushi Disease (105)	116	0.1	5	0.0
Malaria (110-117)	1,017	1.2	68	0.1
Schistosomiasis (123.2)	918	1.1	75	0.1
Filariasis (127)	106	0.1	59	0.1
Influenza (480-483)	39,296	47.0	1,287	1.5
Pneumonia (490-493, 763)	147,633	176.7	54,678	65.2
4/Infectious Diarrhea (571, 572, 764)	95	0.1	NA	NA
Puerperal Infection (645.1, 651, 680-684)	818	1.0	350	0.4

Footnotes:

1/Data refer to cases of communicable diseases among civilian population of Japan, and are from Weekly Reports, Ministry of Welfare, and are for 52 weeks. Deaths are the numbers reported in monthly analyses of death certificates and are for the calendar year.

2/Does not include 1 death from "other protozoal dysentery".

3/Death data include other typhus-like diseases except tsutsugamushi.

4/International List Numbers include all enteritis, colitis and diarrhea. Deaths from infectious diarrhea cannot be separated.

NA indicates that data are not available.

A dash (-) indicates that no cases or deaths were reported and the rate is zero.

A rate of 0.0 indicates that there were some cases or deaths but the rate is less than 0.05.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASES
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population annum)

Prefecture	Tuberculosis (all forms) (001-019)				Tuberculosis (Respiratory) (001-008)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	528,324	632.2	122,099	145.7	466,968	558.8	101,865	121.6
Hokkaido	38,604	892.3	8,947	206.8	32,542	752.2	7,064	163.3
Aomori	8,087	625.8	2,579	199.6	7,039	544.7	2,048	158.5
Iwate	9,403	693.1	2,311	170.3	7,354	542.1	1,870	137.8
Miyagi	10,269	613.0	2,318	138.4	9,310	555.7	1,888	112.7
Akita	7,433	563.7	1,934	146.7	6,289	477.0	1,538	116.6
Yamagata	7,491	547.9	1,770	129.5	6,503	475.7	1,428	104.5
Fukushima	8,165	393.1	2,665	128.3	6,993	336.6	2,093	100.8
Ibaraki	6,324	307.9	2,106	102.5	5,476	266.6	1,743	84.9
Tochigi	4,414	282.6	1,802	115.4	4,405	256.5	1,534	98.2
Gunma	7,531	466.9	1,824	113.1	6,304	390.8	1,493	92.6
Saitama	14,521	671.7	2,706	125.2	12,936	598.4	2,234	103.3
Chiba	10,256	476.0	2,906	134.9	9,212	427.6	2,487	115.4
Tokyo	60,480	956.8	9,915	156.9	54,522	862.5	8,299	131.3
Kanagawa	19,003	758.4	3,671	146.5	17,809	710.7	3,125	124.7
Niigata	10,195	411.3	3,596	145.1	8,480	342.1	3,030	122.2
Toyama	10,616	1044.8	1,467	144.4	9,100	895.6	1,238	121.8
Ishikawa	6,635	688.1	1,452	150.6	5,441	564.3	1,202	124.7
Fukui	6,163	813.3	1,056	139.4	5,227	689.8	871	114.9
Yamanashi	2,668	326.5	669	81.9	2,328	284.9	523	64.0
Nagano	11,300	544.4	2,200	106.0	9,633	464.1	1,763	84.9
Gifu	9,926	638.0	2,384	153.2	8,581	551.6	1,998	128.4
Shizuoka	11,519	462.7	2,867	115.2	10,353	415.9	2,423	97.3
Aichi	24,710	723.5	4,980	145.8	22,036	645.2	4,217	123.5
Mie	8,749	594.4	1,854	126.0	7,780	528.6	1,585	107.7
Shiga	5,102	588.2	1,130	130.3	4,342	500.6	955	110.1
Kyoto	16,209	877.9	3,152	170.7	14,546	787.8	2,634	142.7
Osaka	31,302	805.7	6,779	174.5	29,279	753.7	5,722	147.3
Hyogo	22,175	665.2	5,033	151.0	19,809	594.3	4,225	126.7
Nara	2,765	359.4	908	118.0	2,430	315.9	737	95.8
Wakayama	5,444	550.3	1,316	133.0	4,980	503.4	1,112	112.4
Tottori	3,683	609.2	802	132.6	3,111	514.6	656	108.5
Shimane	5,036	547.9	1,519	165.3	4,572	497.4	1,279	139.1
Okayama	10,264	613.4	2,178	130.2	9,035	540.0	1,851	110.6
Hiroshima	14,354	684.5	2,885	137.6	12,949	617.5	2,416	115.2
Yamaguchi	8,426	542.9	2,545	164.0	7,775	500.9	2,176	140.2
Tokushima	3,683	416.3	1,417	160.2	3,197	361.4	1,206	136.3
Kagawa	4,662	489.2	1,166	122.4	4,132	433.6	979	102.7
Ehime	7,390	482.1	1,921	125.3	6,510	424.7	1,643	107.2
Kochi	3,579	406.6	1,126	127.9	3,120	354.5	560	109.1
Fukuoka	24,217	681.1	5,795	163.0	20,272	570.2	4,948	139.2
Saga	6,568	689.9	1,358	142.6	6,030	633.4	1,171	123.0
Nagasaki	9,718	586.2	2,649	159.8	8,604	519.1	2,231	134.6
Kumamoto	8,205	445.7	2,432	132.1	7,658	416.0	2,109	114.6
Oita	6,175	489.3	2,000	158.5	5,581	442.2	1,724	136.6
Miyazaki	7,296	663.6	1,551	141.1	6,912	628.7	1,332	121.2
Kagoshima	7,609	418.7	2,458	135.3	6,871	378.1	2,105	115.8

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Tuberculosis (other forms) (010-019)				Syphilis (020-029)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	61,356	73.4	20,234	24.1	121,386	145.3	5,188	6.2
Hokkaido	6,062	140.1	1,883	43.5	6,820	157.6	310	7.2
Aomori	1,048	81.1	531	41.1	1,402	108.5	65	5.0
Iwate	2,049	151.0	441	32.5	1,079	79.5	60	4.4
Miyagi	959	57.2	430	25.7	1,712	102.2	90	5.4
Akita	1,144	86.8	396	30.1	1,391	105.5	80	6.1
Yamagata	988	72.3	342	25.0	1,631	119.3	81	5.9
Fukushima	1,172	56.4	572	27.5	1,769	85.2	116	5.6
Ibaraki	848	41.3	363	17.7	1,477	71.9	128	6.2
Tochigi	409	26.2	268	17.2	1,758	112.6	139	8.9
Gumma	1,227	76.1	331	20.5	1,843	114.3	96	6.0
Saitama	1,585	73.3	472	21.8	2,107	97.5	112	5.2
Chiba	1,044	48.5	419	19.4	2,200	102.1	181	8.4
Tokyo	5,958	94.3	1,616	25.6	6,581	104.1	439	6.9
Kanagawa	1,194	47.6	546	21.8	8,687	346.7	195	7.8
Niigata	1,715	69.2	566	22.8	2,265	91.4	88	3.5
Toyama	1,516	149.2	229	22.5	1,769	174.1	41	4.0
Ishikawa	1,194	123.8	250	25.9	1,058	109.7	51	5.3
Fukui	936	123.5	185	24.4	991	130.8	31	4.1
Yamanashi	340	41.6	146	17.9	603	73.8	41	5.0
Nagano	1,667	80.3	437	21.1	1,793	86.4	125	6.0
Gifu	1,345	86.5	386	24.8	1,296	83.3	87	5.6
Shizuoka	1,166	46.8	444	17.8	2,603	104.6	118	4.7
Aichi	2,674	78.3	763	22.3	4,664	136.6	200	5.9
Mie	969	65.8	269	18.3	1,909	129.7	97	6.6
Shiga	760	87.6	175	20.2	904	104.2	55	6.3
Kyoto	1,663	90.1	518	28.1	3,414	184.9	117	6.3
Osaka	2,023	52.1	1,057	27.2	8,475	218.2	292	7.5
Hyogo	2,366	71.0	808	24.2	5,222	156.7	163	4.9
Nara	335	43.5	171	22.2	944	122.7	67	8.7
Wakayama	464	46.9	204	20.6	1,650	166.8	40	4.0
Tottori	572	94.6	146	24.1	1,000	165.4	33	5.5
Shimane	464	50.5	240	26.1	551	59.9	47	5.1
Okayama	1,229	73.5	327	19.5	2,494	149.1	72	4.3
Hiroshima	1,405	67.0	469	22.4	3,592	171.3	89	4.2
Yamaguchi	651	41.9	369	23.8	3,669	236.4	74	4.8
Tokushima	486	54.9	211	23.8	722	81.6	46	5.2
Kagawa	530	55.6	187	19.6	1,052	110.4	48	5.0
Ehime	880	57.4	278	18.1	1,575	102.7	60	3.9
Kochi	459	52.1	166	18.9	1,128	128.2	61	6.9
Fukuoka	3,945	111.0	847	23.8	12,119	340.9	277	7.8
Saga	538	56.5	187	19.6	2,165	227.4	104	10.9
Nagasaki	1,114	67.2	418	25.2	5,231	315.6	150	9.0
Kumamoto	547	29.7	323	17.5	1,922	104.4	100	5.4
Oita	594	47.1	276	21.9	1,570	124.4	69	5.5
Miyazaki	384	34.9	219	19.9	1,114	101.3	83	7.5
Kagoshima	738	40.6	353	19.4	1,465	80.6	170	9.4

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Gonorrhea (030-035)				Chancroid (036)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	178,102	213.1	NA	NA	15,806	18.9	NA	NA
Hokkaido	12,088	279.4	NA	NA	658	15.2	NA	NA
Aomori	1,711	132.4	NA	NA	82	6.3	NA	NA
Iwate	840	61.9	NA	NA	42	3.1	NA	NA
Miyagi	1,915	114.3	NA	NA	79	4.7	NA	NA
Akita	867	65.8	NA	NA	42	3.2	NA	NA
Yamagata	1,127	82.4	NA	NA	39	2.9	NA	NA
Fukushima	2,232	107.4	NA	NA	109	5.2	NA	NA
Ibaraki	1,272	61.9	NA	NA	154	7.5	NA	NA
Tochigi	2,059	131.8	NA	NA	106	6.8	NA	NA
Gumma	2,015	124.9	NA	NA	142	8.8	NA	NA
Saitama	2,320	107.3	NA	NA	168	7.8	NA	NA
Chiba	2,309	107.2	NA	NA	219	10.2	NA	NA
Tokyo	15,338	242.6	NA	NA	1,421	22.5	NA	NA
Kanagawa	21,808	870.3	NA	NA	2,184	87.2	NA	NA
Niigata	1,540	62.1	NA	NA	97	3.9	NA	NA
Toyama	2,267	223.1	NA	NA	180	17.7	NA	NA
Ishikawa	1,507	156.3	NA	NA	142	14.7	NA	NA
Fukui	1,570	207.2	NA	NA	98	12.9	NA	NA
Yamanashi	665	81.4	NA	NA	56	6.9	NA	NA
Nagano	1,927	92.8	NA	NA	69	3.3	NA	NA
Gifu	2,791	179.4	NA	NA	438	28.2	NA	NA
Shizuoka	3,373	135.5	NA	NA	212	8.5	NA	NA
Aichi	6,249	183.0	NA	NA	481	14.1	NA	NA
Mie	1,835	124.7	NA	NA	218	14.8	NA	NA
Shiga	1,268	146.2	NA	NA	237	27.3	NA	NA
Kyoto	5,282	286.1	NA	NA	1,068	57.8	NA	NA
Osaka	5,953	153.2	NA	NA	1,261	32.5	NA	NA
Hyogo	6,166	185.0	NA	NA	747	22.4	NA	NA
Nara	1,473	191.5	NA	NA	342	44.5	NA	NA
Wakayama	2,585	261.3	NA	NA	270	27.3	NA	NA
Tottori	1,245	205.9	NA	NA	87	14.4	NA	NA
Shimane	530	57.7	NA	NA	40	4.4	NA	NA
Okayama	2,614	156.2	NA	NA	396	23.7	NA	NA
Hiroshima	7,878	375.7	NA	NA	779	37.1	NA	NA
Yamaguchi	6,725	433.3	NA	NA	285	18.4	NA	NA
Tokushima	624	70.5	NA	NA	40	4.5	NA	NA
Kagawa	1,085	113.9	NA	NA	114	12.0	NA	NA
Ehime	1,284	83.8	NA	NA	83	5.4	NA	NA
Kochi	1,426	162.0	NA	NA	130	14.8	NA	NA
Fukuoka	24,377	685.6	NA	NA	1,645	46.3	NA	NA
Saga	2,465	258.9	NA	NA	110	11.6	NA	NA
Nagasaki	4,704	283.8	NA	NA	377	22.7	NA	NA
Kumamoto	2,588	140.6	NA	NA	87	4.7	NA	NA
Oita	2,158	171.0	NA	NA	144	11.4	NA	NA
Miyazaki	1,646	149.7	NA	NA	38	3.5	NA	NA
Kagoshima	2,401	132.1	NA	NA	90	5.0	NA	NA

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Lymphogranuloma venereum (037)				Typhoid fever (040)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	490	0.6	NA	NA	4,884	5.8	648	0.8
Hokkaido	12	0.3	NA	NA	175	4.0	22	0.5
Aomori	1	0.1	NA	NA	97	7.5	12	0.9
Iwate	2	0.1	NA	NA	66	4.9	12	0.9
Miyagi	-	-	NA	NA	171	10.2	26	1.6
Akita	1	0.1	NA	NA	39	3.0	11	0.8
Yamagata	1	0.1	NA	NA	49	3.6	10	0.7
Fukushima	4	0.2	NA	NA	100	4.8	11	0.5
Ibaraki	2	0.1	NA	NA	85	4.1	12	0.6
Tochigi	-	-	NA	NA	61	3.9	11	0.7
Gumma	4	0.2	NA	NA	78	4.8	7	0.4
Saitama	10	0.5	NA	NA	203	9.4	25	1.2
Chiba	3	0.1	NA	NA	123	5.7	16	0.7
Tokyo	47	0.7	NA	NA	646	10.2	66	1.0
Kanagawa	41	1.6	NA	NA	211	8.4	15	0.6
Niigata	6	0.2	NA	NA	206	8.2	20	0.8
Toyama	4	0.4	NA	NA	75	7.4	16	1.6
Ishikawa	20	2.1	NA	NA	35	3.6	6	0.6
Fukui	5	0.7	NA	NA	61	8.0	6	0.8
Yamanashi	1	0.1	NA	NA	17	2.1	3	0.4
Nagano	2	0.1	NA	NA	53	2.6	6	0.3
Gifu	4	0.3	NA	NA	153	9.8	17	1.1
Shizuoka	7	0.3	NA	NA	163	6.5	17	0.7
Aichi	16	0.5	NA	NA	215	6.3	32	0.9
Mie	6	0.4	NA	NA	166	11.3	19	1.3
Shiga	4	0.5	NA	NA	40	4.6	7	0.8
Kyoto	70	3.8	NA	NA	142	7.7	14	0.8
Osaka	49	1.3	NA	NA	265	6.8	39	1.0
Hyogo	43	1.3	NA	NA	234	7.0	33	1.0
Nara	4	0.5	NA	NA	83	10.2	8	1.0
Wakayama	10	1.0	NA	NA	65	6.6	13	1.3
Tottori	2	0.3	NA	NA	15	2.5	1	0.2
Shimane	2	0.2	NA	NA	60	6.5	5	0.5
Okayama	7	0.4	NA	NA	80	4.8	31	1.9
Hiroshima	23	1.1	NA	NA	169	8.1	23	1.1
Yamaguchi	16	1.0	NA	NA	35	2.3	6	0.4
Tokushima	3	0.3	NA	NA	80	9.0	15	1.7
Kagawa	3	0.3	NA	NA	23	2.4	3	0.3
Ehime	3	0.2	NA	NA	41	2.7	3	0.2
Kochi	4	0.5	NA	NA	77	8.7	14	1.6
Fukuoka	26	0.7	NA	NA	90	2.5	8	0.2
Saga	1	0.1	NA	NA	15	1.6	-	-
Nagasaki	9	0.5	NA	NA	45	2.7	10	0.6
Kumamoto	-	-	NA	NA	30	1.6	6	0.3
Oita	5	0.4	NA	NA	17	1.3	4	0.3
Miyazaki	-	-	NA	NA	23	2.1	4	0.4
Kagoshima	7	0.4	NA	NA	7	0.4	3	0.2

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Paratyphoid fever (041)				Dysentery (all forms) 045-048			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	1,709	2.0	80	0.1	49,739	59.5	12,019	14.3
Hokkaido	107	2.5	10	0.2	1,169	27.0	171	4.0
Aomori	41	3.2	2	0.2	274	21.2	68	5.3
Iwate	24	1.8	2	0.1	645	47.5	187	13.8
Miyagi	74	4.4	4	0.2	957	57.1	167	10.0
Akita	18	1.4	1	0.1	409	31.0	131	9.9
Yamagata	22	1.6	1	0.1	610	44.6	106	7.8
Fukushima	41	2.0	1	0.0	1,494	71.9	531	25.6
Ibaraki	43	2.1	2	0.1	1,538	74.9	653	31.8
Tochigi	16	1.0	3	0.2	1,690	108.2	586	37.5
Guma	69	4.3	4	0.2	3,044	188.7	624	38.7
Saitama	56	2.6	4	0.2	4,072	188.4	1,226	56.7
Chiba	20	0.9	-	-	1,821	84.5	628	29.1
Tokyo	359	5.7	5	0.1	7,655	121.1	1,067	16.9
Kanagawa	56	2.2	2	0.1	2,632	105.0	335	13.4
Niigata	66	2.7	1	0.0	3,122	125.9	519	20.9
Toyama	46	4.5	2	0.2	537	52.8	123	12.1
Ishikawa	10	1.0	1	0.1	708	73.4	76	7.9
Fukui	13	1.7	1	0.1	116	15.3	33	4.4
Yamanashi	20	2.4	-	-	244	29.9	64	7.8
Nagano	10	0.5	1	0.0	523	25.2	116	5.6
Gifu	32	2.1	2	0.1	1,024	65.8	308	19.8
Shizuoka	51	2.0	2	0.1	2,228	89.5	450	18.1
Aichi	46	1.3	2	0.1	2,599	76.1	691	20.2
Mie	21	1.4	2	0.1	600	40.8	152	10.3
Shiga	4	0.5	-	-	65	7.5	23	2.7
Kyoto	13	0.7	-	-	701	38.0	112	6.1
Osaka	101	2.6	2	0.1	1,522	39.2	254	6.5
Hyogo	34	1.0	3	0.1	1,185	35.5	251	7.5
Nara	10	1.3	1	0.1	59	7.7	17	2.2
Wakayama	29	2.9	2	0.2	118	11.9	33	3.3
Tottori	8	1.3	1	0.2	100	16.5	51	8.4
Shimane	12	1.3	-	-	208	22.6	87	9.5
Okayama	4	0.2	-	-	302	18.0	134	8.0
Hiroshima	58	2.8	5	0.2	651	31.0	212	10.1
Yamaguchi	17	1.1	-	-	274	17.7	141	9.1
Tokushima	38	4.3	3	0.3	164	18.5	88	9.9
Kagawa	19	2.0	4	0.4	419	44.0	216	22.7
Ehime	3	0.2	1	0.1	540	35.2	171	11.2
Kochi	13	1.5	-	-	234	26.6	99	11.2
Fukuoka	39	1.1	1	0.0	1,353	38.1	300	8.4
Saga	7	0.7	-	-	182	19.1	80	8.4
Nagasaki	4	0.2	-	-	290	17.5	96	5.8
Kumamoto	18	1.0	-	-	756	41.1	233	12.7
Oita	3	0.2	1	0.1	255	20.2	113	9.0
Miyazaki	11	1.0	1	0.1	325	29.6	140	12.7
Kagoshima	3	0.2	-	-	325	17.9	156	8.6

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASES
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population annum)

Prefecture	Dysentery (Bacillary) (045)				Dysentery (Amoebic) (046)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	49,200	58.6	11,974	14.3	539	0.6	45	0.1
Hokkaido	1,122	25.9	169	3.9	47	1.1	2	0.0
Aomori	272	21.0	68	5.3	2	0.2	-	-
Iwate	644	47.5	187	13.8	1	0.1	-	-
Miyagi	947	56.5	167	10.0	10	0.6	-	-
Akita	402	30.5	130	9.9	7	0.5	1	0.1
Yamagata	606	44.3	106	7.8	4	0.3	-	-
Fukushima	1,490	71.7	531	25.6	4	0.2	-	-
Ibaraki	1,531	74.5	653	31.8	7	0.3	-	-
Tochigi	1,687	108.0	585	37.5	3	0.2	1	0.1
Gumma	3,042	188.6	624	38.7	2	0.1	-	-
Saitama	4,071	188.3	1,226	56.7	1	0.0	-	-
Chiba	1,818	84.4	628	29.1	3	0.1	-	-
Tokyo	7,564	119.7	1,062	16.8	91	1.4	5	0.1
Kanagawa	2,607	104.0	334	13.3	25	1.0	1	0.0
Niigata	3,119	125.8	517	20.9	3	0.1	2	0.1
Toyama	531	52.3	122	12.0	6	0.6	1	0.1
Ishikawa	706	73.2	76	7.9	2	0.2	-	-
Fukui	115	15.2	33	4.4	1	0.1	-	-
Yamanashi	235	28.8	60	7.3	9	1.1	4	0.5
Nagano	508	24.5	116	5.6	15	0.7	-	-
Gifu	1,020	65.6	307	19.7	4	0.3	1	0.1
Shizuoka	2,208	88.7	449	18.0	20	0.8	1	0.0
Aichi	2,576	75.4	688	20.1	23	0.7	3	0.1
Mie	589	40.0	152	10.3	11	0.7	-	-
Shiga	52	6.0	21	2.4	13	1.5	2	0.2
Kyoto	691	37.4	111	6.0	10	0.5	1	0.1
Osaka	1,468	37.8	250	6.4	54	1.4	4	0.1
Hyogo	1,156	34.7	248	7.4	29	0.9	3	0.1
Nara	59	7.7	17	2.2	-	-	-	-
Wakayama	115	11.6	33	3.3	3	0.3	-	-
Tottori	94	15.5	50	8.3	6	1.0	1	0.2
Shimane	203	22.1	86	9.4	5	0.5	1	0.1
Okayama	296	17.7	134	8.0	6	0.4	-	-
Hiroshima	640	30.5	212	10.1	11	0.5	-	-
Yamaguchi	267	17.2	140	9.0	7	0.5	1	0.1
Tokushima	160	18.1	87	9.8	4	0.5	1	0.1
Kagawa	416	43.7	216	22.7	3	0.3	-	-
Ehime	527	34.4	169	11.0	13	0.8	2	0.1
Kochi	230	26.1	98	11.1	4	0.5	1	0.1
Fukuoka	1,319	37.1	298	8.4	34	1.0	2	0.1
Saga	174	18.3	80	8.4	8	0.8	-	-
Nagasaki	285	17.2	96	5.8	5	0.3	-	-
Kumamoto	750	40.7	233	12.7	6	0.3	-	-
Oita	247	19.6	110	8.7	8	0.6	3	0.2
Miyazaki	321	29.2	139	12.6	4	0.4	1	0.1
Kagoshima	320	17.6	156	8.6	5	0.3	-	-

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASES
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population annum)

Prefecture	Scarlet fever (050)				Diphtheria (055)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	5,133	6.1	32	0.0	12,575	15.0	1,199	1.4
Hokkaido	231	5.3	-	-	674	15.6	59	1.4
Aomori	85	6.6	-	-	360	27.9	49	3.8
Iwate	54	4.0	-	-	264	19.5	24	1.8
Miyagi	52	3.1	-	-	274	16.4	11	0.7
Akita	61	4.6	-	-	358	27.2	15	1.1
Yamagata	40	2.9	-	-	221	16.2	14	1.0
Fukushima	68	3.3	1	0.0	379	18.2	49	2.4
Ibaraki	119	5.8	-	-	143	7.0	7	0.3
Tochigi	22	1.4	-	-	221	14.2	21	1.3
Gumma	101	6.3	-	-	116	7.2	8	0.5
Saitama	221	10.2	-	-	319	14.8	18	0.8
Chiba	57	2.6	1	0.0	144	6.7	32	1.5
Tokyo	990	15.7	6	0.1	728	11.5	58	0.9
Kanagawa	252	10.1	2	0.1	272	10.9	22	0.9
Niigata	47	1.9	-	-	564	22.8	49	2.0
Toyama	38	3.7	-	-	181	17.8	30	3.0
Ishikawa	12	1.2	1	0.1	207	21.5	23	2.4
Fukui	52	6.9	-	-	143	18.9	11	1.5
Yamanashi	87	10.6	2	0.2	43	5.3	7	0.9
Nagano	306	14.7	4	0.2	167	8.0	12	0.6
Gifu	115	7.4	-	-	112	7.2	17	1.1
Shizuoka	120	4.8	1	0.0	173	6.9	16	0.6
Aichi	323	9.5	4	0.1	336	9.8	19	0.6
Mie	91	6.2	-	-	169	11.5	17	1.2
Shiga	161	18.6	-	-	72	8.3	9	1.0
Kyoto	274	14.8	1	0.1	259	14.0	18	1.0
Osaka	531	13.7	1	0.0	534	13.7	62	1.6
Hyogo	154	4.6	1	0.0	414	12.4	41	1.2
Nara	35	4.5	-	-	95	12.3	13	1.7
Wakayama	20	2.0	1	0.1	75	7.6	3	0.3
Tottori	10	1.7	-	-	53	8.8	8	1.3
Shimane	53	5.8	-	-	240	26.1	9	1.0
Okayama	55	3.3	1	0.1	125	7.5	10	0.6
Hiroshima	76	3.6	1	0.0	408	19.5	30	1.4
Yamaguchi	25	1.6	-	-	331	21.3	23	1.5
Tokushima	11	1.2	-	-	126	14.2	20	2.3
Kagawa	13	1.4	1	0.1	58	6.1	6	0.6
Ehime	11	0.7	-	-	192	12.5	24	1.6
Kochi	17	1.9	-	-	78	8.9	16	1.8
Fukuoka	86	2.4	1	0.0	890	25.0	73	2.1
Saga	5	0.5	1	0.1	259	27.2	24	2.5
Nagasaki	17	1.0	1	0.1	461	27.8	34	2.1
Kumamoto	7	0.4	-	-	229	12.4	22	1.2
Oita	7	0.6	-	-	269	21.3	35	2.8
Miyazaki	11	1.0	-	-	439	39.9	57	5.2
Kagoshima	10	0.6	-	-	400	22.0	74	4.1

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Whooping cough (056)				Epidemic Meningitis (057)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	122,733	146.9	8,459	10.1	1,192	1.4	368	0.4
Hokkaido	3,712	85.8	162	3.7	71	1.6	27	0.6
Aomori	1,644	127.2	206	15.9	41	3.2	12	0.9
Iwate	1,751	129.1	218	16.1	15	1.1	7	0.5
Miyagi	1,670	99.7	163	9.7	57	3.4	18	1.1
Akita	1,465	111.1	88	6.7	27	2.0	7	0.5
Yamagata	767	56.1	93	6.8	56	4.1	11	0.8
Fukushima	2,563	123.4	302	14.5	49	2.4	19	0.9
Ibaraki	3,567	173.6	381	18.5	37	1.8	12	0.6
Tochigi	1,343	86.0	207	13.3	13	0.8	4	0.3
Gumma	2,116	131.2	127	7.9	17	1.1	6	0.4
Saitama	6,215	287.5	345	16.0	28	1.3	9	0.4
Chiba	1,858	86.2	266	12.3	32	1.5	14	0.6
Tokyo	8,508	134.6	575	9.1	179	2.8	39	0.6
Kanagawa	4,631	184.8	234	9.3	49	2.0	11	0.4
Niigata	3,393	136.9	272	11.0	21	0.8	5	0.2
Toyama	5,065	498.5	179	17.6	15	1.5	1	0.1
Ishikawa	1,410	146.2	124	12.9	9	0.9	4	0.4
Fukui	1,716	226.4	63	8.3	4	0.5	1	0.1
Yamanashi	1,182	144.6	128	15.7	8	1.0	7	0.9
Nagano	4,092	197.1	176	8.5	14	0.7	1	0.0
Gifu	1,455	93.5	77	4.9	6	0.4	3	0.2
Shizuoka	4,702	188.9	350	14.1	30	1.2	7	0.3
Aichi	3,273	95.8	205	6.0	22	0.6	9	0.3
Mie	2,730	185.5	108	7.3	12	0.8	4	0.3
Shiga	2,406	277.4	56	6.5	15	1.7	5	0.6
Kyoto	2,709	146.7	136	7.4	42	2.3	16	0.9
Osaka	3,970	102.2	298	7.7	91	2.3	28	0.7
Hyogo	4,207	126.2	225	6.7	14	0.4	1	0.0
Nara	432	56.2	48	6.2	2	0.3	1	0.1
Wakayama	1,924	194.5	85	8.6	7	0.7	4	0.4
Tottori	910	150.5	54	8.9	17	2.8	6	1.0
Shimane	1,545	168.1	112	12.2	7	0.8	1	0.1
Okayama	1,783	106.6	77	4.6	5	0.3	-	-
Hiroshima	3,619	172.6	106	5.1	24	1.1	15	0.7
Yamaguchi	1,072	69.1	110	7.1	19	1.2	3	0.2
Tokushima	1,390	157.1	211	23.8	3	0.3	2	0.2
Kagawa	1,747	183.3	74	7.8	5	0.5	1	0.1
Ehime	3,058	199.5	143	9.3	15	1.0	5	0.3
Kochi	1,293	146.9	95	10.8	8	0.9	3	0.3
Fukuoka	5,979	168.2	327	9.2	45	1.3	15	0.4
Saga	1,900	199.6	81	8.5	8	0.8	1	0.1
Nagasaki	2,528	152.5	208	12.5	12	0.7	3	0.2
Kumamoto	3,523	191.4	260	14.1	12	0.7	5	0.3
Oita	1,475	116.9	160	12.7	7	0.6	2	0.2
Miyazaki	2,735	248.8	208	18.9	10	0.9	5	0.5
Kagoshima	1,700	93.6	336	18.5	12	0.7	8	0.4

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950

Prefecture	Leprosy (060)				Tetanus (061)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	605	0.7	87	0.1	1,913	2.3	1,550	1.8
Hokkaido	17	0.4	1	0.0	42	1.0	30	0.7
Aomori	14	1.1	4	0.3	32	2.5	34	2.6
Iwate	22	1.6	7	0.5	19	1.4	17	1.3
Miyagi	13	0.8	1	0.1	27	1.6	18	1.1
Akita	17	1.3	1	0.1	23	1.7	22	1.7
Yamagata	5	0.4	-	-	19	1.4	13	1.0
Fukushima	18	0.9	4	0.2	35	1.7	26	1.3
Ibaraki	9	0.4	-	-	115	5.6	94	4.6
Tochigi	12	0.8	5	0.3	40	2.6	34	2.2
Gunma	41	2.5	3	0.2	73	4.5	49	3.0
Saitama	8	0.4	-	-	78	3.6	50	2.3
Chiba	-	-	1	0.0	118	5.5	99	4.6
Tokyo	33	0.5	2	0.0	83	1.3	66	1.0
Kanagawa	6	0.2	-	-	45	1.8	37	1.5
Niigata	-	-	-	-	28	1.1	26	1.0
Toyama	-	-	-	-	18	1.8	12	1.2
Ishikawa	3	0.3	-	-	18	1.9	20	2.1
Fukui	7	0.9	2	0.3	7	0.9	5	0.7
Yamanashi	7	0.9	-	-	27	3.3	20	2.4
Nagano	4	0.2	1	0.0	54	2.6	35	1.7
Gifu	13	0.8	3	0.2	28	1.8	25	1.6
Shizuoka	16	0.6	1	0.0	62	2.5	57	2.3
Aichi	33	1.0	1	0.0	77	2.3	80	2.3
Mie	12	0.8	3	0.2	31	2.1	18	1.2
Shiga	10	1.2	1	0.1	13	1.5	7	0.8
Kyoto	28	1.5	1	0.1	25	1.4	13	0.7
Osaka	7	0.2	-	-	63	1.6	39	1.0
Hyogo	24	0.7	3	0.1	41	1.2	33	1.0
Nara	4	0.5	-	-	19	2.5	13	1.7
Wakayama	7	0.7	1	0.1	18	1.8	22	2.2
Tottori	5	0.8	2	0.3	16	2.6	11	1.8
Shimane	3	0.3	2	0.2	19	2.1	23	2.5
Okayama	11	0.7	-	-	29	1.7	14	0.8
Hiroshima	15	0.7	2	0.1	36	1.7	29	1.4
Yamaguchi	15	1.0	1	0.1	38	2.4	36	2.3
Tokushima	17	1.9	1	0.1	21	2.4	25	2.8
Kagawa	3	0.3	2	0.2	32	3.4	30	3.1
Ehime	5	0.3	2	0.1	57	3.7	34	2.2
Kochi	4	0.5	1	0.1	43	4.9	25	2.8
Fukuoka	45	1.3	2	0.1	80	2.3	68	1.9
Saga	2	0.2	1	0.1	26	2.7	21	2.2
Nagasaki	21	1.3	4	0.2	30	1.8	35	2.1
Kumamoto	17	0.9	7	0.4	51	2.8	40	2.2
Oita	23	1.8	-	-	29	2.3	28	2.2
Miyazaki	23	2.1	8	0.7	58	5.3	39	3.5
Kagoshima	6	0.2	6	0.3	70	3.9	78	4.3

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Poliomyelitis (080-081)				Japanese "B" encephalitis (082a)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	3,211	3.8	810	1.0	5,182	6.2	2,440	2.9
Hokkaido	186	4.3	26	0.6	-	-	1	0.0
Aomori	24	1.9	8	0.6	31	2.4	17	1.3
Iwate	36	2.7	10	0.7	30	2.2	19	1.4
Miyagi	109	6.5	17	1.0	65	3.9	41	2.4
Akita	19	1.4	5	0.4	97	7.4	52	3.9
Yamagata	36	2.6	15	1.1	187	13.7	68	5.0
Fukushima	70	3.4	33	1.6	12	0.6	19	0.9
Ibaraki	71	3.5	17	0.8	136	6.6	61	3.0
Tochigi	43	2.8	16	1.0	37	2.4	25	1.6
Gumma	106	6.6	17	1.1	42	2.6	35	2.2
Saitama	119	5.5	16	0.7	134	6.2	100	4.6
Chiba	37	1.7	13	0.6	41	1.9	57	2.6
Tokyo	377	6.0	26	0.4	1,182	18.7	321	5.1
Kanagawa	109	4.3	27	1.1	273	10.9	99	4.0
Niigata	66	2.7	23	0.9	184	7.4	111	4.5
Toyama	45	4.4	5	0.5	93	9.2	69	6.8
Ishikawa	23	2.4	3	0.3	75	7.8	32	3.3
Fukui	26	3.4	8	1.1	38	5.0	34	4.5
Yamanashi	32	3.9	9	1.1	75	9.2	19	2.3
Nagano	52	2.5	13	0.6	254	12.2	85	4.1
Gifu	20	1.3	19	1.2	44	2.8	18	1.2
Shizuoka	111	4.5	24	1.0	160	6.4	76	3.1
Aichi	59	1.7	32	0.9	99	2.9	59	1.7
Mie	108	7.3	12	0.8	20	1.4	18	1.2
Shiga	3	0.3	4	0.5	5	0.6	6	0.7
Kyoto	21	1.1	10	0.5	53	2.9	32	1.7
Osaka	174	4.5	39	1.0	205	5.3	96	2.5
Hyogo	77	2.3	41	1.2	262	7.9	146	4.4
Nara	17	2.2	14	1.8	26	3.4	8	1.0
Wakayama	40	4.0	10	1.0	54	5.5	30	3.0
Tottori	14	2.3	8	1.3	39	6.5	29	4.8
Shimane	11	1.2	5	0.5	89	9.7	38	4.1
Okayama	62	3.7	19	1.1	245	14.6	136	8.1
Hiroshima	31	1.5	33	1.6	149	7.1	71	3.4
Yamaguchi	102	6.6	11	0.7	113	7.3	88	5.7
Tokushima	34	3.8	16	1.8	16	1.8	21	2.4
Kagawa	16	1.7	17	1.8	43	4.5	31	3.3
Ehime	100	6.5	23	1.5	54	3.5	32	2.1
Kochi	22	2.5	13	1.5	41	4.7	31	3.5
Fukuoka	225	6.3	26	0.7	154	4.3	60	1.7
Saga	31	3.3	9	0.9	40	4.2	21	2.2
Nagasaki	17	1.0	23	1.4	46	2.8	21	1.3
Kumamoto	61	3.3	21	1.1	56	3.0	28	1.5
Oita	115	9.1	24	1.9	29	2.3	18	1.4
Miyazaki	124	11.3	21	1.9	71	6.5	32	2.9
Kagoshima	30	1.7	29	1.6	83	4.6	29	1.6

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Smallpox (084)				Measles (085)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	5	0.0	8	0.0	56,147	67.2	3,775	4.5
Hokkaido	-	-	2	0.0	3,403	78.7	212	4.9
Aomori	-	-	-	-	601	46.5	104	8.0
Iwate	-	-	-	-	1,888	139.2	236	17.4
Miyagi	1	0.1	-	-	890	53.1	111	6.6
Akita	-	-	1	0.1	713	54.1	50	3.8
Yamagata	-	-	-	-	492	36.0	50	3.7
Fukushima	-	-	-	-	1,179	56.8	150	7.2
Ibaraki	-	-	-	-	420	20.4	54	2.6
Tochigi	-	-	-	-	1,456	93.2	190	12.2
Gumma	-	-	-	-	1,959	121.4	180	11.2
Saitama	-	-	-	-	4,151	192.0	198	9.2
Chiba	-	-	-	-	537	24.9	56	2.6
Tokyo	-	-	2	0.0	2,775	43.9	112	1.8
Kanagawa	1	0.0	-	-	1,546	61.7	89	3.6
Niigata	-	-	1	0.0	859	34.7	73	2.9
Toyama	-	-	-	-	205	20.2	5	0.5
Ishikawa	-	-	-	-	138	14.3	8	0.8
Fukui	-	-	-	-	2,189	288.9	75	9.9
Yamanashi	-	-	-	-	338	41.4	37	4.5
Nagano	-	-	-	-	2,226	107.2	61	2.9
Gifu	-	-	-	-	2,813	180.8	131	8.4
Shizuoka	-	-	-	-	2,087	83.8	180	7.2
Aichi	-	-	-	-	3,942	115.4	187	5.5
Mie	-	-	-	-	381	25.9	12	0.8
Shiga	-	-	-	-	254	29.3	7	0.8
Kyoto	-	-	-	-	97	5.3	7	0.4
Osaka	-	-	-	-	319	8.2	30	0.8
Hyogo	-	-	1	0.0	1,207	36.2	136	4.1
Nara	-	-	-	-	77	10.0	17	2.2
Wakayama	-	-	-	-	125	12.6	9	0.9
Tottori	1	0.2	-	-	49	8.1	4	0.7
Shimane	-	-	-	-	25	2.7	1	0.1
Okayama	-	-	-	-	1,979	118.3	48	2.9
Hiroshima	-	-	-	-	2,010	95.9	58	2.8
Yamaguchi	-	-	-	-	240	15.5	16	1.0
Tokushima	-	-	-	-	1,708	193.1	230	26.0
Kagawa	-	-	1	0.1	2,455	257.6	94	9.9
Ehime	-	-	-	-	2,437	159.0	138	9.0
Kochi	-	-	-	-	1,442	163.8	66	7.5
Fukuoka	-	-	-	-	1,595	44.9	51	1.4
Saga	-	-	-	-	481	50.5	15	1.6
Nagasaki	2	0.1	-	-	739	44.6	71	4.3
Kumamoto	-	-	-	-	345	18.7	10	0.5
Oita	-	-	-	-	69	5.5	5	0.4
Miyazaki	-	-	-	-	405	36.8	31	2.8
Kagoshima	-	-	-	-	901	49.6	170	9.4

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASE AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Dengue fever (090)				Rabies (094)			
	Number		Rate		Number		Rate	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	1	0.0	NA	NA	57	0.1	60	0.1
Hokkaido	-	-	NA	NA	-	-	-	-
Aomori	-	-	NA	NA	-	-	-	-
Iwate	-	-	NA	NA	-	-	-	-
Miyagi	-	-	NA	NA	-	-	-	-
Akita	-	-	NA	NA	-	-	-	-
Yamagata	-	-	NA	NA	-	-	-	-
Fukushima	-	-	NA	NA	-	-	-	-
Ibaraki	-	-	NA	NA	2	0.1	1	0.0
Tochigi	-	-	NA	NA	7	0.4	8	0.5
Gumma	-	-	NA	NA	12	0.7	14	0.9
Saitama	-	-	NA	NA	10	0.5	10	0.5
Chiba	-	-	NA	NA	8	0.4	4	0.2
Tokyo	-	-	NA	NA	8	0.1	8	0.1
Kanagawa	-	-	NA	NA	8	0.3	12	0.5
Niigata	-	-	NA	NA	-	-	-	-
Toyama	-	-	NA	NA	-	-	-	-
Ishikawa	-	-	NA	NA	-	-	-	-
Fukui	-	-	NA	NA	-	-	-	-
Yamanashi	-	-	NA	NA	-	-	-	-
Nagano	-	-	NA	NA	-	-	-	-
Gifu	-	-	NA	NA	-	-	-	-
Shizuoka	-	-	NA	NA	2	0.1	3	0.1
Aichi	-	-	NA	NA	-	-	-	-
Mie	-	-	NA	NA	-	-	-	-
Shiga	-	-	NA	NA	-	-	-	-
Kyoto	-	-	NA	NA	-	-	-	-
Osaka	1	0.0	NA	NA	-	-	-	-
Hyogo	-	-	NA	NA	-	-	-	-
Nara	-	-	NA	NA	-	-	-	-
Wakayama	-	-	NA	NA	-	-	-	-
Tottori	-	-	NA	NA	-	-	-	-
Shimane	-	-	NA	NA	-	-	-	-
Okayama	-	-	NA	NA	-	-	-	-
Hiroshima	-	-	NA	NA	-	-	-	-
Yamaguchi	-	-	NA	NA	-	-	-	-
Tokushima	-	-	NA	NA	-	-	-	-
Kagawa	-	-	NA	NA	-	-	-	-
Ehime	-	-	NA	NA	-	-	-	-
Kochi	-	-	NA	NA	-	-	-	-
Fukuoka	-	-	NA	NA	-	-	-	-
Saga	-	-	NA	NA	-	-	-	-
Nagasaki	-	-	NA	NA	-	-	-	-
Kumamoto	-	-	NA	NA	-	-	-	-
Oita	-	-	NA	NA	-	-	-	-
Miyazaki	-	-	NA	NA	-	-	-	-
Kagoshima	-	-	NA	NA	-	-	-	-

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASES
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Trachoma (095)				Typhus fever (100)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	156,157	186.9	NA	NA	938	1.1	98	0.1
Hokkaido	10,079	233.0	NA	NA	117	2.7	6	0.1
Aomori	4,254	329.2	NA	NA	9	0.7	2	0.2
Iwate	6,473	477.1	NA	NA	6	0.4	-	-
Miyagi	5,252	313.5	NA	NA	7	0.4	2	0.1
Akita	6,875	521.4	NA	NA	-	-	-	-
Yamagata	3,674	268.7	NA	NA	4	0.3	-	-
Fukushima	2,074	99.8	NA	NA	4	0.2	-	-
Ibaraki	3,353	163.2	NA	NA	11	0.5	2	0.1
Tochigi	2,453	157.1	NA	NA	1	0.1	-	-
Gumma	6,558	406.5	NA	NA	24	1.5	1	0.1
Saitama	6,128	283.5	NA	NA	4	0.2	3	0.1
Chiba	3,208	148.9	NA	NA	19	0.9	1	0.0
Tokyo	5,931	99.8	NA	NA	233	3.7	20	0.3
Kanagawa	5,520	220.3	NA	NA	423	16.9	22	0.9
Niigata	1,615	65.1	NA	NA	-	-	-	-
Toyama	2,207	217.2	NA	NA	-	-	-	-
Ishikawa	1,100	114.1	NA	NA	-	-	-	-
Fukui	1,367	180.4	NA	NA	-	-	-	-
Yamanashi	1,367	167.3	NA	NA	-	-	1	0.1
Nagano	2,213	106.6	NA	NA	4	0.2	1	0.0
Gifu	1,772	113.9	NA	NA	-	-	-	-
Shizuoka	2,866	115.1	NA	NA	3	0.1	1	0.0
Aichi	9,832	287.9	NA	NA	1	0.0	1	0.0
Mie	1,524	103.5	NA	NA	-	-	2	0.1
Shiga	1,154	133.0	NA	NA	-	-	2	0.2
Kyoto	1,411	76.4	NA	NA	-	-	-	-
Osaka	6,505	167.4	NA	NA	15	0.4	1	0.0
Hyogo	7,752	232.6	NA	NA	32	1.0	6	0.2
Nara	844	109.7	NA	NA	1	0.1	1	0.1
Wakayama	2,443	246.9	NA	NA	-	-	-	-
Tottori	508	84.0	NA	NA	-	-	-	-
Shimane	592	64.4	NA	NA	1	0.1	-	-
Okayama	2,445	146.1	NA	NA	2	0.1	6	0.4
Hiroshima	8,032	383.0	NA	NA	13	0.6	3	0.1
Yamaguchi	970	62.5	NA	NA	-	-	2	0.1
Tokushima	1,602	181.1	NA	NA	-	-	-	-
Kagawa	1,719	180.4	NA	NA	2	0.2	-	-
Ehime	2,209	144.1	NA	NA	-	-	6	0.4
Kochi	632	71.8	NA	NA	-	-	-	-
Fukuoka	8,128	228.6	NA	NA	-	-	3	0.1
Saga	1,597	167.8	NA	NA	-	-	-	-
Nagasaki	2,581	155.7	NA	NA	2	0.1	1	0.1
Kumamoto	1,741	94.6	NA	NA	-	-	-	-
Oita	2,165	171.5	NA	NA	-	-	2	0.2
Miyazaki	1,784	162.3	NA	NA	-	-	-	-
Kagoshima	1,648	90.7	NA	NA	-	-	-	-

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Tsutsugamushi disease (105)				Malaria (110-117)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	116	0.1	5	0.0	1,017	1.2	68	0.1
Hokkaido	-	-	-	-	18	0.4	2	0.0
Aomori	-	-	-	-	10	0.8	1	0.1
Iwate	-	-	-	-	4	0.3	-	-
Miyagi	-	-	-	-	7	0.4	2	0.1
Akita	18	1.4	3	0.2	10	0.8	-	-
Yamagata	2	0.1	-	-	8	0.6	1	0.1
Fukushima	-	-	-	-	11	0.5	-	-
Ibaraki	-	-	-	-	20	1.0	2	0.1
Tochigi	-	-	-	-	7	0.4	1	0.1
Gumma	-	-	-	-	16	1.0	1	0.1
Saitama	-	-	-	-	21	1.0	1	0.0
Chiba	-	-	-	-	14	0.6	2	0.1
Tokyo	-	-	-	-	60	0.9	5	0.1
Kanagawa	-	-	-	-	15	0.6	2	0.1
Niigata	96	3.9	2	0.1	11	0.4	2	0.1
Toyama	-	-	-	-	13	1.3	3	0.3
Ishikawa	-	-	-	-	15	1.6	7	0.7
Fukui	-	-	-	-	21	2.8	2	0.3
Yamanashi	-	-	-	-	10	1.2	1	0.1
Nagano	-	-	-	-	8	0.4	-	-
Gifu	-	-	-	-	19	1.2	3	0.2
Shizuoka	-	-	-	-	8	0.3	2	0.1
Aichi	-	-	-	-	53	1.6	3	0.1
Mie	-	-	-	-	34	2.3	-	-
Shiga	-	-	-	-	292	33.7	3	0.3
Kyoto	-	-	-	-	23	1.2	1	0.1
Osaka	-	-	-	-	14	0.4	2	0.1
Hyoogo	-	-	-	-	24	0.7	2	0.1
Nara	-	-	-	-	6	0.8	-	-
Wakayama	-	-	-	-	9	0.9	-	-
Tottori	-	-	-	-	5	0.8	1	0.2
Shimane	-	-	-	-	7	0.8	1	0.1
Okayama	-	-	-	-	17	1.0	-	-
Hiroshima	-	-	-	-	22	1.0	-	-
Yamaguchi	-	-	-	-	16	1.0	1	0.1
Tokushima	-	-	-	-	6	0.7	-	-
Kagawa	-	-	-	-	4	0.4	1	0.1
Ehime	-	-	-	-	12	0.8	1	0.1
Kochi	-	-	-	-	6	0.7	-	-
Fukuoka	-	-	-	-	49	1.4	3	0.1
Saga	-	-	-	-	14	1.5	-	-
Nagasaki	-	-	-	-	27	1.6	2	0.1
Kumamoto	-	-	-	-	15	0.8	5	0.3
Oita	-	-	-	-	11	0.9	1	0.1
Miyazaki	-	-	-	-	6	0.5	-	-
Kagoshima	-	-	-	-	19	1.0	1	0.1

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Schistosomiasis (123.2)				Filariasis (127)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	918	1.1	75	0.1	106	0.1	59	0.1
Hokkaido	-	-	-	-	-	-	-	-
Aomori	-	-	-	-	-	-	-	-
Iwate	-	-	-	-	-	-	-	-
Miyagi	-	-	-	-	-	-	-	-
Akita	-	-	-	-	1	0.1	-	-
Yamagata	-	-	-	-	-	-	-	-
Fukushima	-	-	-	-	1	0.0	-	-
Ibaraki	1	0.0	1	0.0	-	-	1	0.0
Tochigi	-	-	-	-	-	-	-	-
Gumma	-	-	-	-	-	-	-	-
Saitama	1	0.0	-	-	1	0.0	-	-
Chiba	2	0.1	1	0.0	1	0.0	1	0.0
Tokyo	1	0.0	1	0.0	3	0.0	1	0.0
Kanagawa	-	-	-	-	-	-	-	-
Niigata	-	-	-	-	-	-	-	-
Toyama	-	-	-	-	-	-	1	0.1
Ishikawa	-	-	-	-	-	-	-	-
Fukui	-	-	-	-	-	-	1	0.1
Yamanashi	643	78.7	59	7.2	8	1.0	1	0.1
Nagano	-	-	-	-	1	0.0	-	-
Gifu	-	-	-	-	-	-	-	-
Shizuoka	-	-	-	-	3	0.1	2	0.1
Aichi	-	-	-	-	-	-	-	-
Mie	-	-	-	-	-	-	-	-
Shiga	-	-	-	-	-	-	1	0.1
Kyoto	-	-	-	-	-	-	-	-
Osaka	-	-	-	-	2	0.1	-	-
Hyogo	-	-	-	-	3	0.1	-	-
Nara	-	-	-	-	-	-	-	-
Wakayama	-	-	-	-	4	0.4	1	0.1
Tottori	-	-	-	-	-	-	-	-
Shimane	-	-	-	-	1	0.1	-	-
Okayama	-	-	-	-	1	0.1	-	-
Hiroshima	76	3.6	4	0.2	-	-	1	0.0
Yamaguchi	-	-	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-	-	-
Kagawa	-	-	-	-	-	-	-	-
Ehime	-	-	-	-	9	0.6	2	0.1
Kochi	-	-	-	-	2	0.2	2	0.2
Fukuoka	83	2.3	5	0.1	3	0.1	3	0.1
Saga	109	11.4	4	0.4	3	0.3	1	0.1
Nagasaki	-	-	-	-	3	0.2	13	0.8
Kumamoto	1	0.1	-	-	16	0.9	6	0.3
Oita	-	-	-	-	2	0.2	-	-
Miyazaki	-	-	-	-	12	1.1	3	0.3
Kagoshima	1	0.1	-	-	26	1.4	18	1.0

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Influenza (480-483)				Pneumonia (490-493, 763)			
	Cases		Deaths		Cases		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	39,296	47.0	1,287	1.5	147,633	176.7	54,678	65.2
Hokkaido	6,367	147.2	43	1.0	7,974	184.3	2,576	59.5
Aomori	13	1.2	12	0.9	2,548	197.2	1,236	95.7
Iwate	-	-	3	0.2	3,891	286.8	1,554	114.5
Miyagi	41	2.4	9	0.5	3,375	201.5	1,178	70.3
Akita	1,154	87.5	7	0.5	2,485	188.5	678	51.4
Yamagata	47	3.4	9	0.7	2,223	162.6	812	59.4
Fukushima	-	-	5	0.2	3,630	174.7	1,624	78.2
Ibaraki	1,160	56.5	11	0.5	3,437	167.3	1,324	64.5
Tochigi	36	2.3	28	1.8	2,946	188.6	1,075	68.8
Gumma	414	25.7	5	0.3	4,931	305.7	1,110	68.8
Saitama	361	16.7	18	0.8	9,552	441.8	1,676	77.5
Chiba	232	10.8	37	1.7	2,137	99.2	1,507	69.9
Tokyo	507	8.0	56	0.9	5,658	89.5	3,303	52.3
Kanagawa	289	11.5	23	0.9	4,263	170.1	1,410	56.3
Niigata	796	32.1	50	2.0	4,309	173.8	1,732	69.9
Toyama	1,013	99.7	17	1.7	5,930	583.6	766	75.4
Ishikawa	292	30.3	29	3.0	1,826	189.4	816	84.6
Fukui	988	130.4	18	2.4	2,084	275.0	513	67.7
Yamanashi	283	34.6	7	0.9	1,330	162.8	501	61.3
Nagano	173	8.3	7	0.3	5,999	289.0	1,153	55.5
Gifu	2,553	164.1	22	1.4	2,869	184.4	905	58.2
Shizuoka	467	18.8	18	0.7	3,306	132.8	1,684	67.6
Aichi	1,365	40.0	31	0.9	5,730	167.8	2,167	63.5
Mie	1,899	129.0	45	3.1	2,631	178.8	819	55.6
Shiga	450	51.9	13	1.5	2,365	272.7	512	59.0
Kyoto	1,857	100.6	18	1.0	1,917	103.8	853	46.2
Osaka	505	13.0	35	0.9	2,887	74.3	2,275	58.6
Hyogo	2,467	74.0	59	1.8	3,334	100.0	1,716	51.5
Nara	439	57.1	12	1.6	823	107.0	469	61.0
Wakayama	2,830	286.1	44	4.4	1,492	150.8	479	48.4
Tottori	186	30.8	5	0.8	1,022	169.0	313	51.8
Shimane	1,074	116.8	94	10.2	1,425	155.0	645	70.2
Okayama	1,004	60.0	24	1.4	3,609	215.7	1,090	65.1
Hiroshima	162	7.7	46	2.2	4,189	199.8	1,358	64.8
Yamaguchi	1,105	71.2	87	5.6	1,358	87.5	1,077	69.4
Tokushima	311	35.2	56	6.3	1,459	166.0	934	105.6
Kagawa	868	91.1	33	3.5	2,395	251.3	622	65.3
Ehime	2,575	168.0	42	2.7	4,309	281.1	1,070	69.8
Kochi	10	1.1	13	1.5	1,401	159.2	601	68.3
Fukuoka	919	25.8	53	1.5	4,810	135.3	2,286	64.3
Saga	1,150	120.8	5	0.5	2,509	263.6	557	58.5
Nagasaki	258	15.6	37	2.2	2,213	133.5	1,427	86.1
Kumamoto	59	3.2	24	1.3	3,610	196.1	1,246	67.7
Oita	418	33.1	41	3.2	1,468	116.3	839	66.5
Miyazaki	196	17.8	10	0.9	2,199	200.0	700	63.7
Kagoshima	1	0.1	26	1.4	1,765	97.1	1,490	82.0

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Prefecture	Infectious diarrhea (571, 572, 764)				Puerperal infection (645.1, 651, 680-684)			
	Number		Deaths		Number		Deaths	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
All Japan	95	0.1	NA	NA	818	1.0	350	0.4
Hokkaido	24	0.6	NA	NA	54	1.2	15	0.3
Aomori	-	-	NA	NA	27	2.1	23	1.8
Iwate	-	-	NA	NA	21	1.5	22	1.6
Miyagi	1	0.1	NA	NA	13	0.8	9	0.5
Akita	-	-	NA	NA	32	2.4	11	0.8
Yamagata	-	-	NA	NA	15	1.1	11	0.8
Fukushima	-	-	NA	NA	13	0.6	7	0.3
Ibaraki	1	0.0	NA	NA	18	0.9	11	0.5
Tochigi	9	0.6	NA	NA	13	0.8	4	0.3
Gunma	-	-	NA	NA	24	1.5	10	0.6
Saitama	4	0.2	NA	NA	60	2.8	11	0.5
Chiba	1	0.0	NA	NA	5	0.2	4	0.2
Tokyo	-	-	NA	NA	15	0.2	12	0.2
Kanagawa	-	-	NA	NA	9	0.4	5	0.2
Niigata	2	0.1	NA	NA	25	1.0	13	0.5
Toyama	-	-	NA	NA	56	5.5	4	0.4
Ishikawa	-	-	NA	NA	8	0.8	3	0.3
Fukui	1	0.1	NA	NA	15	2.0	3	0.4
Yamanashi	-	-	NA	NA	15	1.8	3	0.4
Nagano	-	-	NA	NA	28	1.3	6	0.3
Gifu	-	-	NA	NA	14	0.9	5	0.3
Shizuoka	-	-	NA	NA	18	0.7	2	0.1
Aichi	27	0.8	NA	NA	23	0.7	8	0.2
Mie	-	-	NA	NA	9	0.6	5	0.3
Shiga	-	-	NA	NA	17	2.0	3	0.3
Kyoto	-	-	NA	NA	11	0.6	14	0.8
Osaka	1	0.0	NA	NA	14	0.4	15	0.4
Hyogo	1	0.0	NA	NA	19	0.6	9	0.3
Nara	-	-	NA	NA	2	0.3	1	0.1
Wakayama	1	0.1	NA	NA	4	0.4	5	0.5
Tottori	-	-	NA	NA	13	2.2	2	0.3
Shimane	3	0.3	NA	NA	10	1.1	1	0.1
Okayama	14	0.8	NA	NA	11	0.7	5	0.3
Hiroshima	-	-	NA	NA	26	1.2	6	0.3
Yamaguchi	-	-	NA	NA	4	0.3	9	0.6
Tokushima	-	-	NA	NA	11	1.2	5	0.6
Kagawa	1	0.1	NA	NA	6	0.6	2	0.2
Ehime	-	-	NA	NA	13	0.8	3	0.2
Kochi	-	-	NA	NA	6	0.7	3	0.3
Fukuoka	-	-	NA	NA	37	1.0	18	0.5
Saga	-	-	NA	NA	11	1.2	4	0.4
Nagasaki	1	0.1	NA	NA	8	0.5	12	0.7
Kumamoto	-	-	NA	NA	26	1.4	8	0.4
Oita	-	-	NA	NA	3	0.2	8	0.6
Miyazaki	3	0.3	NA	NA	21	1.9	2	0.2
Kagoshima	-	-	NA	NA	15	0.8	8	0.4

See footnotes at end of table.

TABLE 36. - COMMUNICABLE DISEASE CASES AND DEATHS AND COMMUNICABLE DISEASE
CASE AND DEATH RATES - BY PREFECTURE: JAPAN, 1950
(Rates per 100,000 population per annum)

Footnotes:

Case data are for the 52-week period ended 31 December 1950. Death data are for the calendar year.

There were no cases or deaths from cholera (043), plague (058), glanders (064.2) or yellow fever (091) reported for 1950.

"NA" indicates that data are not available.

There were two cases of anthrax (062) reported with a rate of 0.0, from Gumma and Tokyo-to where rates were 0.1 and 0.0 respectively. There were no deaths from anthrax.

A dash (-) indicates that no cases or deaths were reported and the case or death rate was less than 0.05.

- 1/ Data do not include one death from "other protozoal dysentery".
- 2/ Death data include other typhus like diseases except tsutsugamushi.
- 3/ Infectious diarrhea is part of all diarrhea and can not be separated.

Sources:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Case Data: Weekly Morbidity Report, Ministry of Welfare.

Death Data: Monthly Vital Statistics Schedule Report, Ministry of Welfare.

TABLE 37 - INFANT DEATHS BY MONTH BY PREFECTURE: JAPAN 1950

Area	Total Infant Deaths	Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec
All Japan	141,003	19,553	16,875	16,676	11,464	10,233	9,400	9,499	7,927	7,198	8,273	9,741	14,164
All "Shi"	40,547	5,841	4,679	4,527	3,261	2,914	2,726	2,796	2,257	2,141	2,343	2,883	4,179
All "Gun"	100,456	13,712	12,196	12,149	8,203	7,319	6,674	6,703	5,670	5,057	5,930	6,858	9,985
Aichi	5,225	822	608	632	369	351	367	363	310	275	286	329	513
Akita	3,410	435	397	407	320	294	214	236	192	183	221	239	272
Aomori	4,418	452	406	500	392	402	372	415	309	260	284	304	322
Chiba	3,899	613	524	440	323	261	265	218	169	203	229	259	395
Ehime	2,619	350	326	292	201	203	162	197	151	139	131	175	292
Fukui	1,641	190	200	194	157	122	112	125	111	77	111	100	112
Fukuoka	5,757	804	650	702	441	405	396	398	333	276	324	400	628
Fukushima	4,277	587	482	520	397	339	287	234	228	207	261	301	434
Gifu	2,692	400	307	313	227	191	228	172	141	125	159	188	211
Gunma	2,453	386	311	272	217	155	162	164	135	107	141	151	252
Ii-roshima	2,810	398	362	333	223	207	162	185	166	142	149	164	319
Hokkaido	8,210	976	873	955	745	654	549	615	567	493	499	539	745
Ibogo	4,547	665	555	513	372	321	289	349	261	220	239	296	467
Ibareki	4,139	604	509	509	332	326	255	240	230	210	229	271	424
Ishikawa	2,195	254	254	283	188	167	168	170	117	129	126	149	190
Iwate	4,107	455	458	490	413	378	261	263	207	204	248	324	406
Kagawa	1,687	264	213	202	124	111	109	91	82	74	83	115	189
Kagoshima	3,343	494	395	353	202	194	226	269	210	162	210	241	368
Kanagawa	2,674	426	566	332	201	191	167	142	120	116	142	200	271
Kochi	1,444	206	178	142	96	112	91	86	89	68	96	111	169

See footnotes at end of table.

TABLE 37 - INFANT DEATHS BY MONTH BY PREFECTURE: JAPAN 1950

Area	Total Infant Deaths	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Kumamoto	3,023	412	374	295	213	185	172	190	173	178	203	230	398
Kyoto	2,088	312	268	233	218	149	109	118	114	102	128	133	204
Mie	2,518	377	306	348	210	175	176	166	96	161	143	175	251
Miyagi	3,175	411	371	364	269	266	180	202	145	156	206	255	362
Miyazaki	2,164	327	260	217	157	142	139	130	133	131	142	147	239
Nagano	2,476	333	336	298	214	163	154	151	142	127	141	160	257
Nagasaki	3,273	420	400	371	245	243	210	239	219	169	181	204	341
Nara	1,261	167	162	165	84	79	89	80	76	54	66	106	134
Niigata	4,263	541	429	475	396	348	290	305	249	263	260	324	383
Oita	2,474	330	333	306	194	171	146	149	122	125	143	162	293
Okeyama	2,509	375	320	317	203	140	175	150	138	134	160	168	229
Osaka	5,142	665	598	597	432	400	392	377	297	230	274	386	474
Saga	1,958	280	235	234	141	136	126	126	96	105	116	151	212
Saitama	4,123	626	491	494	305	259	248	237	229	220	250	315	451
Shiga	1,417	209	174	171	100	88	106	106	81	53	90	103	136
Shimane	1,653	235	222	189	121	114	94	96	100	90	107	114	171
Shizuoka	4,056	653	583	496	290	275	261	240	208	169	212	264	405
Tochigi	2,644	352	332	339	193	173	187	144	147	141	158	205	273
Tokushima	1,953	265	253	272	158	105	124	138	96	94	112	135	201
Tokyo	6,439	1,075	813	715	576	431	443	422	321	288	333	402	690
Tottori	996	122	125	120	81	83	67	84	65	52	59	53	85
Toyama	2,348	262	255	327	216	191	184	170	110	125	138	148	222
Wakayama	1,396	189	169	161	97	97	96	108	79	74	108	91	127
Yamagata	2,790	335	268	351	237	237	188	210	170	169	179	139	201
Yamaguchi	2,195	307	276	278	158	132	123	153	123	152	135	152	226
Yamaguchi	1,122	172	118	159	86	73	79	76	76	52	62	85	84

See footnotes at end of table.

TABLE 37 - INFANT DEATHS BY MONTH BY PREFECTURE, JAPAN 1950.

FOOTNOTES:

Data refer to deaths, under one year of age, of Japanese nationals in Japan.

SOURCE:

Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 38. - INFANT DEATH RATES BY MONTH BY PREFECTURE: JAPAN, 1950
(Rates per 1,000 Live births each month)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	59.8	75.7	76.1	76.7	60.6	59.1	57.5	51.0	41.2	37.3	43.7	52.2	76.2
All "Shi"	50.5	68.6	63.1	62.1	51.2	49.9	48.5	42.8	33.7	33.0	36.9	45.0	62.0
All "Gun"	64.7	79.3	82.6	84.0	65.3	63.8	62.2	55.5	45.1	39.5	47.1	56.1	84.4
Aichi	59.5	82.7	73.2	84.2	51.9	54.4	58.3	50.5	42.3	38.4	41.9	48.6	73.3
Akita	79.5	97.7	91.3	89.9	77.1	90.0	72.4	74.0	58.6	53.4	67.8	75.4	94.2
Aomori	95.4	104.8	106.2	110.7	87.2	99.1	94.7	107.0	95.0	68.2	76.3	87.9	105.4
Chiba	66.9	96.7	97.5	80.0	66.7	57.3	65.9	50.0	37.2	43.3	50.3	54.8	83.0
Ehime	57.2	68.1	76.0	79.3	58.6	62.6	52.1	53.6	40.4	35.9	33.4	46.2	74.2
Fuku	76.5	82.4	89.2	80.4	82.6	69.2	69.0	73.4	62.3	47.6	73.4	75.6	112.2
Fukuo	52.4	64.4	64.5	72.4	55.2	54.5	51.3	46.0	36.2	29.6	35.6	44.9	64.6
Fukushima	62.4	82.4	74.4	80.9	70.8	65.5	59.6	44.0	41.8	37.3	46.9	53.3	80.6
Gifu	64.1	84.2	75.3	79.9	65.7	62.2	71.5	51.1	41.8	36.2	45.9	60.1	77.0
Gunma	54.1	80.3	76.9	67.4	62	44.1	49.9	44.2	35.2	28.4	38.0	42.9	69.1
Hiroshima	52.8	66.0	69.7	68.4	52.5	35.1	44.0	42.8	38.0	34.3	35.6	38.3	77.1
Hokkaido	55.3	61.4	63.2	63.4	57.5	52.2	51.2	54.7	49.2	40.8	42.9	50.1	73.5
Hyogo	55.3	73.6	70.2	66.0	57.7	55.7	49.5	49.1	37.0	33.6	40.0	46.5	73.1
Ibaraki	68.1	95.2	92.8	93.9	67.6	65.3	58.4	50.9	46.4	44.5	48.8	54.2	81.8
Ishikawa	83.2	82.3	93.7	98.6	86.1	86.3	97.2	81.4	55.5	59.7	65.7	82.9	107.0
Iwate	89.4	103.3	109.6	113.8	96.0	101.2	78.7	71.0	56.3	55.8	68.0	89.4	119.4
Kagawa	68.0	89.2	102.3	91.1	70.7	66.3	65.1	42.6	37.9	35.9	40.7	62.2	99.8
Kagoshima	59.9	76.6	77.6	79.5	49.4	52.6	61.4	62.0	47.7	31.6	40.9	48.5	88.4
Xanagawa	40.6	55.5	59.9	55.1	38.7	38.2	35.4	28.1	22.3	22.2	26.7	37.7	50.7
Kochi	62.2	76.2	87.1	73.3	60.4	70.6	55.1	45.8	45.7	33.7	49.3	54.1	86.4

TABLE 38. - INFANT DEATH RATES BY MONTH BY PREFECTURE: JAPAN, 1950 Cont'd
(Rates per 1,000 Live births each month)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	54.0	61.3	71.6	61.9	52.9	51.2	46.3	45.3	39.8	37.6	41.8	46.6	82.0
Kyoto	50.5	65.7	66.0	57.4	63.7	51.0	38.8	36.1	34.3	33.1	42.9	41.4	58.6
Mie	67.0	88.1	88.3	103.9	73.4	65.9	66.7	56.6	29.5	31.9	45.5	59.0	82.5
Miyagi	59.3	75.0	76.6	74.5	61.9	64.8	48.2	48.7	34.0	31.0	46.8	55.4	81.7
Miyazaki	60.9	79.0	79.8	76.1	64.7	66.8	62.3	47.4	44.2	41.6	43.9	46.3	74.7
Nagano	48.8	60.6	68.8	63.0	51.1	42.8	44.1	39.7	36.3	30.0	32.7	40.6	64.9
Nagasaki	59.7	69.7	83.5	81.7	61.4	65.9	58.3	57.5	47.0	35.5	37.5	47.7	70.6
Nara	62.2	79.1	90.0	92.3	60.3	59.4	70.4	54.1	48.7	37.8	44.2	68.7	82.9
Niigata	58.4	70.2	59.3	60.1	63.4	63.5	61.1	55.7	40.9	41.2	43.4	62.5	82.8
Oita	66.7	75.9	87.3	93.2	68.2	66.2	59.1	52.5	40.7	42.7	47.0	54.2	98.7
Okiyama	61.5	81.5	79.9	85.9	63.4	50.2	65.2	44.6	38.3	42.1	47.6	52.5	74.1
Osaka	54.0	69.3	67.3	66.8	57.2	58.2	59.3	46.4	38.6	31.4	37.9	50.2	56.6
Saga	64.3	75.4	82.7	94.0	64.7	67.7	64.3	54.4	39.2	38.8	43.1	59.3	83.2
Saitama	65.4	94.5	82.7	89.4	64.7	57.6	55.9	46.4	41.5	42.9	47.1	61.9	85.9
Shiga	65.1	84.6	80.1	80.8	54.2	50.0	68.6	63.4	46.2	31.1	59.7	67.6	73.7
Shimane	63.7	81.9	87.1	72.9	53.9	59.8	55.5	50.8	47.0	44.1	53.0	58.7	82.1
Shizuoka	57.2	81.0	90.6	84.2	50.0	53.4	52.7	42.7	34.8	28.7	36.9	46.1	71.9
Techigi	55.7	69.6	74.7	77.7	50.1	47.3	56.5	39.2	36.9	37.2	40.9	54.9	72.2
Tokushima	76.3	92.3	107.4	122.2	81.8	60.5	70.1	68.4	45.1	43.5	50.7	61.1	101.1
Tokyo	43.5	67.5	58.0	51.2	42.2	40.4	42.9	35.4	25.7	24.2	29.4	34.9	57.6
Tottori	61.3	63.6	76.1	77.5	57.9	71.9	61.9	67.5	51.5	42.4	48.3	41.6	66.3
Toyama	83.3	84.8	97.0	111.9	89.1	87.0	93.8	72.5	46.9	49.0	63.9	81.1	128.2
Wakayama	58.2	68.1	75.2	75.0	54.6	60.2	56.7	55.3	89.0	39.1	57.8	46.7	63.7
Yamagata	67.9	79.1	67.4	86.5	70.5	77.6	68.4	67.1	52.1	46.3	52.4	57.5	88.4
Yamaguchi	51.0	63.2	65.0	72.0	46.4	43.8	44.1	44.1	33.7	39.5	38.9	46.5	61.5
Yamanashi	51.7	72.0	56.1	83.0	49.3	43.9	48.8	44.7	44.5	29.0	32.8	47.4	61.1

Data refer to vital events to Japanese nationals in Japan.

Infant deaths refer to deaths under one year of age.

Sources: Rates were computed by Public Health and Welfare Section, GHC, SCAP.
Sources of original data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	All Causes		Tuberculosis (All forms) 001-019		Syphilis and its Sequelae 020-029	
	Number	Rate	Number	Rate	Number	Rate
All Japan	141,003	59.8	1,211	0.5	878	0.4
All "Shi"	40,547	50.5	654	0.8	369	0.5
All "Gun"	100,456	64.7	557	0.4	509	0.3
Aichi	5,225	59.5	37	0.4	22	0.3
Akita	3,410	79.5	20	0.5	12	0.3
Aomori	4,418	95.4	29	0.6	16	0.3
Chiba	3,899	66.9	15	0.3	19	0.3
Ehime	2,619	57.2	23	0.5	13	0.3
Fukui	1,641	76.5	15	0.7	6	0.3
Fukuoka	5,757	52.4	68	0.6	79	0.7
Fukushima	4,277	62.4	29	0.4	24	0.4
Gifu	2,692	64.1	14	0.3	12	0.3
Gunma	2,453	54.1	14	0.3	15	0.3
Hiroshima	2,810	52.8	20	0.4	7	0.1
Hokkaido	8,210	55.3	153	1.0	60	0.4
Hyogo	4,547	55.3	77	0.9	25	0.3
Ibaraki	4,139	68.1	16	0.3	25	0.4
Ishikawa	2,195	83.2	16	0.6	5	0.2
Iwate	4,107	89.4	13	0.3	9	0.2
Kagawa	1,687	68.0	10	0.4	4	0.2
Kagoshima	3,343	59.9	24	0.4	37	0.7
Kanagawa	2,674	40.6	33	0.5	24	0.4
Kochi	1,444	62.2	7	0.3	20	0.9
Kumamoto	3,023	54.0	21	0.4	17	0.3
Kyoto	2,088	50.5	41	1.0	17	0.4
Kie	2,518	67.0	12	0.3	17	0.5
Miyagi	3,175	59.3	19	0.4	21	0.4
Miyazaki	2,164	60.9	8	0.2	19	0.5
Nagano	2,476	48.8	6	0.1	10	0.2
Nagasaki	3,273	59.7	39	0.7	37	0.7
Nara	1,261	67.2	5	0.3	16	0.9
Niigata	4,263	58.4	21	0.3	11	0.2
Oita	2,474	66.7	11	0.3	13	0.4
Okayama	2,509	61.5	17	0.4	10	0.2
Osaka	5,142	54.0	77	0.8	49	0.5
Saga	1,958	64.3	14	0.5	34	1.1
Saitama	4,123	65.4	12	0.2	10	0.2
Shiga	1,417	65.1	4	0.2	9	0.4
Shimane	1,653	63.7	7	0.3	6	0.2
Shizuoka	4,056	57.2	30	0.4	23	0.3
Tochigi	2,644	55.7	5	0.1	20	0.4
Tokushima	1,953	76.3	22	0.9	8	0.3
Tokyo	6,439	43.5	131	0.9	47	0.3
Tottori	996	61.3	6	0.4	4	0.2
Toyama	2,348	83.3	18	0.6	3	0.1
Wakayama	1,396	58.2	12	0.5	9	0.4
Yamagata	2,790	67.9	10	0.2	13	0.3
Yamaguchi	2,195	51.0	25	0.6	15	0.3
Yamanashi	1,122	51.7	5	0.2	6	0.3

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
Cont'd - BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Dysentery (All Forms) 045-048		Scarlet Fever 050		Erysipelas 052	
	Number	Rate	Number	Rate	Number	Rate
All Japan	187	0.1	1	0.0	412	0.2
All "Shi"	62	0.1	-	-	106	0.1
All "Gun"	125	0.1	1	0.0	306	0.2
Aichi	11	0.1	-	-	18	0.2
Akita	3	0.1	-	-	4	0.1
Aomori	6	0.1	-	-	5	0.1
Chiba	3	0.1	-	-	12	0.2
Shime	1	0.0	-	-	11	0.2
Fukui	1	0.0	-	-	-	-
Fukuoka	5	0.0	-	-	14	0.1
Fukushima	4	0.1	-	-	20	0.3
Gifu	5	0.1	-	-	6	0.1
Gumma	9	0.2	-	-	9	0.2
Hiroshima	3	0.1	-	-	12	0.2
Hokkaido	6	0.0	-	-	30	0.2
Hyogo	4	0.0	-	-	9	0.1
Ibaraki	10	0.2	-	-	8	0.1
Ishikawa	1	0.0	-	-	3	0.1
Iwate	5	0.1	-	-	7	0.2
Kagawa	1	0.0	-	-	6	0.2
Kagoshima	1	0.0	-	-	15	0.3
Kanagawa	6	0.1	1	0.0	6	0.1
Kochi	-	-	-	-	3	0.1
Kumamoto	5	0.1	-	-	11	0.2
Kyoto	2	0.0	-	-	3	0.1
Mie	1	0.0	-	-	7	0.2
Miyagi	2	0.0	-	-	15	0.3
Miyazaki	1	0.0	-	-	7	0.2
Nagano	2	0.0	-	-	10	0.2
Nagasaki	3	0.1	-	-	6	0.1
Nara	-	-	-	-	3	0.2
Niigata	16	0.2	-	-	15	0.2
Oita	1	0.0	-	-	3	0.1
Okayama	2	0.0	-	-	4	0.1
Osaka	11	0.1	-	-	16	0.2
Saga	2	0.1	-	-	-	-
Saitama	9	0.1	-	-	12	0.2
Shiga	-	-	-	-	8	0.4
Shimane	3	0.1	-	-	6	0.2
Shizuoka	10	0.1	-	-	9	0.1
Tochigi	6	0.1	-	-	8	0.2
Tokushima	-	-	-	-	8	0.3
Tokyo	11	0.1	-	-	16	0.1
Tottori	5	0.3	-	-	7	0.4
Toyama	-	-	-	-	10	0.4
Wakayama	-	-	-	-	7	0.3
Yamagata	4	0.1	-	-	2	0.0
Yamaguchi	3	0.1	-	-	17	0.4
Yamanashi	3	0.1	-	-	4	0.2

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
 Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Septicemia and pyemia (non-puerperal) 053		Diphtheria 055		Whooping-Cough 056	
	Number	Rate	Number	Rate	Number	Rate
All Japan	308	0.1	119	0.1	4,433	1.9
All "Shi"	96	0.1	41	0.1	1,399	1.7
All "Gun"	212	0.1	78	0.1	3,034	2.0
Aichi	9	0.1	1	0.0	120	1.4
Akita	8	0.2	2	0.0	42	1.0
Aomori	6	0.1	2	0.0	106	2.3
Chiba	8	0.1	5	0.1	144	2.5
Ehime	2	0.0	4	0.1	80	1.7
Fukui	3	0.1	-	-	31	1.4
Fukuoka	17	0.2	6	0.1	167	1.5
Fukushima	7	0.1	3	0.0	155	2.3
Gifu	2	0.0	1	0.0	49	1.2
Gumma	6	0.1	-	-	58	1.3
Hiroshima	4	0.1	4	0.1	50	0.9
Hokkaido	19	0.1	14	0.1	95	0.6
Hyogo	16	0.2	4	0.0	106	1.3
Ibaraki	9	0.1	-	-	203	3.3
Ishikawa	4	0.2	-	-	59	2.2
Iwate	6	0.1	5	0.1	104	2.3
Kagawa	2	0.1	-	-	43	1.7
Kagoshima	18	0.3	5	0.1	168	3.0
Kanagawa	5	0.1	1	0.0	136	2.1
Kochi	1	0.0	1	0.0	53	2.3
Kumamoto	5	0.1	1	0.0	134	2.4
Kyoto	7	0.2	2	0.0	67	1.6
Mie	7	0.2	3	0.1	63	1.7
Miyagi	13	0.2	-	-	88	1.6
Miyazaki	6	0.2	8	0.2	110	3.1
Nagano	2	0.0	1	0.0	80	1.6
Nagasaki	13	0.2	4	0.1	116	2.1
Nara	5	0.3	-	-	24	1.3
Niigata	18	0.2	7	0.1	152	2.1
Oita	10	0.3	2	0.1	87	2.3
Okayama	5	0.1	-	-	43	1.1
Osaka	9	0.1	6	0.1	170	1.8
Saga	5	0.2	2	0.1	41	1.3
Saitama	1	0.0	4	0.1	156	2.5
Shiga	3	0.1	-	-	28	1.3
Shimane	3	0.1	2	0.1	63	2.4
Shizuoka	5	0.1	3	0.0	196	2.8
Tochigi	4	0.1	2	0.0	95	2.0
Tokushima	4	0.2	2	0.1	103	4.0
Tokyo	11	0.1	4	0.0	310	2.1
Tottori	3	0.2	-	-	29	1.3
Toyama	1	0.0	4	0.1	93	3.3
Wakayama	2	0.1	-	-	49	2.0
Yamagata	5	0.1	2	0.0	44	1.1
Yamaguchi	8	0.2	1	0.0	65	1.5
Yamanashi	1	0.0	1	0.0	58	2.7

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
Cont'd. BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Meningococcal infections 057		Tetanus 061		1/ Japanese "B" encephalitis 082a	
	Number	Rate	Number	Rate	Number	Rate
All Japan	50	0.0	581	0.2	21	0.0
All "Shi"	32	0.0	137	0.2	12	0.0
All "Gun"	18	0.0	444	0.3	9	0.0
Aichi	-	-	44	0.5	1	0.0
Akita	-	-	14	0.3	1	0.0
Aomori	3	0.1	20	0.4	-	-
Chiba	1	0.0	35	0.6	-	-
Ehime	1	0.0	13	0.3	-	-
Fukui	-	-	2	0.1	-	-
Fukuoka	1	0.0	18	0.2	-	-
Fukushima	2	0.0	14	0.2	-	-
Gifu	-	-	7	0.2	-	-
Gumma	1	0.0	24	0.5	-	-
Hiroshima	2	0.0	8	0.2	-	-
Hokkaido	11	0.1	15	0.1	-	-
Hyogo	-	-	7	0.1	-	-
Ibaraki	1	0.0	48	0.8	-	-
Ishikawa	-	-	12	0.5	-	-
Iwate	-	-	9	0.2	-	-
Kagawa	-	-	17	0.7	-	-
Kagoshima	1	0.0	22	0.4	-	-
Kanagawa	-	-	10	0.2	1	0.0
Kochi	-	-	9	0.4	-	-
Kumamoto	2	0.0	8	0.1	-	-
Kyoto	1	0.0	2	0.0	-	-
Mie	-	-	4	0.1	-	-
Miyagi	1	0.0	4	0.1	1	0.0
Miyazaki	1	0.0	13	0.4	1	0.0
Nagano	-	-	10	0.2	1	0.0
Nagasaki	-	-	14	0.3	-	-
Nara	-	-	-	-	-	-
Niigata	-	-	17	0.2	2	0.0
Oita	1	0.0	12	0.3	-	-
Okayama	-	-	1	0.0	-	-
Osaka	6	0.1	2	0.0	-	-
Saga	-	-	7	0.2	-	-
Saitama	-	-	17	0.3	1	0.0
Shiga	1	0.0	3	0.1	-	-
Shimane	1	0.0	6	0.2	-	-
Shizuoka	1	0.0	24	0.3	-	-
Tochigi	-	-	21	0.4	-	-
Tokushima	-	-	8	0.3	-	-
Tokyo	7	0.0	16	0.1	9	0.1
Tottori	1	0.1	3	0.2	-	-
Toyama	-	-	4	0.1	-	-
Wakayama	-	-	2	0.1	-	-
Yamagata	3	0.1	4	0.1	-	-
Yamaguchi	-	-	15	0.3	2	0.0
Yamanashi	-	-	16	0.7	1	0.0

See Footnotes at End of Table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Measles 085		Malaria 110-117		Beriberi 280	
	Number	Rate	Number	Rate	Number	Rate
All Japan	1,325	0.6	1	0.0	2,482	1.1
All "Shi"	392	0.5	-	-	658	0.8
All "Gun"	933	0.6	1	0.0	1,824	1.2
Aichi	73	0.8	-	-	88	1.0
Akita	18	0.4	-	-	71	1.7
Aomori	37	0.8	-	-	117	2.5
Chiba	14	0.2	-	-	69	1.2
Ehime	40	0.9	-	-	24	0.5
Fukui	25	1.2	-	-	37	1.7
Fukuoka	23	0.2	-	-	82	0.7
Fukushima	48	0.7	-	-	81	1.2
Gifu	51	1.2	-	-	30	0.7
Gunma	58	1.3	-	-	23	0.5
Hiroshima	21	0.4	-	-	54	1.0
Hokkaido	90	0.6	-	-	183	1.2
Hyogo	49	0.6	-	-	73	0.9
Ibaraki	19	0.3	-	-	53	0.9
Ishikawa	4	0.2	1	0.0	51	1.9
Iwate	97	2.1	-	-	105	2.3
Kagawa	32	1.3	-	-	12	0.5
Kagoshima	51	0.9	-	-	31	0.6
Kanagawa	33	0.5	-	-	39	0.6
Kochi	17	0.7	-	-	17	0.7
Kumamoto	5	0.1	-	-	49	0.9
Kyoto	5	0.1	-	-	45	1.1
Mie	4	0.1	-	-	38	1.0
Miyagi	39	0.7	-	-	101	1.9
Miyazaki	8	0.2	-	-	27	0.8
Nagano	19	0.4	-	-	23	0.5
Nagasaki	19	0.3	-	-	43	0.8
Nara	4	0.2	-	-	14	0.7
Niigata	32	0.4	-	-	91	1.2
Oita	1	0.0	-	-	35	0.9
Okayama	16	0.4	-	-	31	0.8
Osaka	14	0.1	-	-	105	1.1
Saga	6	0.2	-	-	52	1.7
Saitama	66	1.0	-	-	47	0.7
Shiga	5	0.2	-	-	40	1.8
Shimane	-	-	-	-	16	0.6
Shizuoka	74	1.0	-	-	64	0.9
Tochigi	64	1.3	-	-	46	1.0
Tokushima	62	2.4	-	-	4	0.2
Tokyo	44	0.3	-	-	144	1.0
Tottori	2	0.1	-	-	29	1.8
Toyama	-	-	-	-	40	1.4
Wakayama	2	0.1	-	-	15	0.6
Yamagata	21	0.5	-	-	88	2.1
Yamaguchi	5	0.1	-	-	42	1.0
Yamanashi	8	0.4	-	-	13	0.6

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Meningitis except meningococcal and tuberculosis 340		Influenza 480-483		Pneumonia, including pneumonia of newborn 490-493, 763	
	Number	Rate	Number	Rate	Number	Rate
All Japan	1,790	0.8	247	0.1	24,128	10.2
All "Shi"	596	0.7	62	0.1	7,777	9.7
All "Gun"	1,194	0.8	185	0.1	16,351	10.5
Aichi	85	1.0	3	0.0	997	11.3
Akita	51	1.2	1	0.0	313	7.3
Aomori	34	0.7	6	0.1	699	15.1
Chiba	69	1.2	8	0.1	682	11.7
Ehime	52	1.1	3	0.1	482	10.5
Fukui	27	1.3	3	0.1	211	9.8
Fukuoka	98	0.9	13	0.1	1,011	9.2
Fukushima	49	0.7	2	0.0	820	12.0
Gifu	34	0.8	-	-	372	8.9
Gumma	18	0.4	3	0.1	511	11.3
Hiroshima	36	0.7	5	0.1	519	9.8
Hokkaido	88	0.6	15	0.1	1,368	9.2
Hyogo	64	0.8	11	0.1	724	8.8
Ibaraki	31	0.5	3	0.0	573	9.4
Ishikawa	40	1.5	6	0.2	300	11.4
Iwate	35	0.8	2	0.0	886	19.3
Kagawa	27	1.1	4	0.2	284	11.5
Kagoshima	55	1.0	5	0.1	610	10.9
Kanagawa	33	0.5	4	0.1	631	9.6
Kochi	18	0.8	2	0.1	218	9.4
Kumamoto	35	0.6	3	0.1	479	8.6
Kyoto	25	0.6	2	0.0	321	7.8
Mie	45	1.2	10	0.3	378	10.1
Miyagi	31	0.6	3	0.1	617	11.5
Miyazaki	25	0.7	5	0.1	308	8.7
Nagano	30	0.6	2	0.0	425	8.4
Nagasaki	32	0.6	10	0.2	650	11.9
Nara	10	0.5	2	0.1	173	9.2
Niigata	81	1.1	11	0.2	756	10.3
Oita	29	0.8	11	0.3	336	9.1
Okayama	12	0.3	5	0.1	434	10.6
Osaka	63	0.7	5	0.1	985	10.3
Saga	22	0.7	2	0.1	247	8.1
Saitama	35	0.6	3	0.0	682	10.8
Shiga	13	0.6	-	-	166	7.6
Shimane	26	1.0	9	0.3	284	10.9
Shizuoka	61	0.9	4	0.1	751	10.6
Tochigi	23	0.5	7	0.1	471	9.9
Tokushima	26	1.0	12	0.5	397	15.5
Tokyo	91	0.6	17	0.1	1,388	9.4
Tottori	19	1.2	1	0.1	140	8.6
Toyama	33	1.2	5	0.2	331	11.7
Wakayama	13	0.5	8	0.3	228	9.5
Yamagata	20	0.5	2	0.0	373	9.1
Yamaguchi	36	0.8	9	0.2	397	9.2
Yamanashi	10	0.5	-	-	200	9.2

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Bronchitis and Bronchiectasis 500-502,526		Enteritis and colitis, ulceration of the intestines and diarrhea 571,572,578a,764		Congenital Malformations 750-759	
	Number	Rate	Number	Rate	Number	Rate
All Japan	7,170	3.0	19,383	8.2	5,468	2.3
All "Shi"	1,517	1.9	5,089	6.3	1,896	2.4
All "Gun"	5,653	3.6	14,294	9.2	3,572	2.3
Aichi	271	3.1	596	6.8	230	2.6
Akita	218	5.1	653	15.2	95	2.2
Aomori	216	4.7	814	17.6	103	2.2
Chiba	175	3.0	372	6.4	165	2.8
Ehime	146	3.2	264	5.8	108	2.4
Fukui	94	4.4	272	12.7	59	2.8
Fukuoka	230	2.1	850	7.7	249	2.3
Fukushima	201	2.9	594	8.7	172	2.5
Gifu	176	4.2	389	9.3	96	2.3
Gumma	117	2.6	243	5.4	138	3.0
Hiroshima	168	3.2	359	6.7	117	2.2
Hokkaido	475	3.2	1,711	11.5	326	2.2
Hyogo	246	3.0	670	8.2	147	1.8
Ibaraki	236	3.9	445	7.3	154	2.5
Ishikawa	125	4.7	361	13.7	65	2.5
Iwate	230	5.0	616	13.4	123	2.7
Kagawa	93	3.8	140	5.6	51	2.1
Kagoshima	194	3.5	513	9.2	103	1.8
Kanagawa	80	1.2	280	4.3	140	2.1
Kochi	74	3.2	130	5.6	51	2.2
Kumamoto	149	2.7	400	7.1	117	2.1
Kyoto	91	2.2	225	5.4	86	2.1
Kie	143	3.8	346	9.2	82	2.2
Miyagi	121	2.3	480	9.0	150	2.8
Miyazaki	116	3.3	335	9.4	71	2.0
Nagano	135	2.7	306	6.0	107	2.1
Nagasaki	156	2.8	466	8.5	107	2.0
Nara	60	3.2	198	10.6	44	2.3
Niigata	286	3.9	594	8.1	174	2.4
Oita	153	4.1	303	8.2	68	1.8
Okayama	148	3.6	251	6.2	105	2.6
Osaka	161	1.7	843	8.9	203	2.1
Saga	87	2.9	307	10.1	67	2.2
Saitama	257	4.1	439	7.0	181	2.9
Shiga	54	2.5	211	9.7	47	2.2
Shimane	79	3.0	185	7.1	61	2.3
Shizuoka	178	2.5	451	6.4	193	2.7
Tochigi	174	3.7	364	7.7	120	2.5
Tokushima	100	3.9	186	7.3	64	2.5
Tokyo	187	1.3	644	4.4	332	2.2
Tottori	39	2.4	149	9.2	38	2.3
Toyama	143	5.1	348	12.3	63	2.2
Wakayama	67	2.8	175	7.3	60	2.5
Yamagata	144	3.5	461	11.2	104	2.5
Yamaguchi	115	2.7	266	6.2	86	2.0
Yamanashi	62	2.9	178	8.2	46	2.1

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
 Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Birth injuries 760-761		Other disease peculiar to early infancy 2/		Premature birth 3/	
	Number	Rate	Number	Rate	Number	Rate
All Japan	1,302	0.6	7,578	3.2	21,087	8.9
All "Shi"	544	0.7	2,121	2.6	6,142	7.6
All "Gun"	758	0.5	5,457	3.5	14,945	9.6
Aichi	45	0.5	322	3.7	829	9.4
Akita	28	0.7	167	3.9	545	12.7
Aomori	10	0.2	127	2.7	436	9.4
Chiba	31	0.5	278	4.8	749	12.5
Ehime	27	0.6	173	3.8	506	11.1
Fukui	9	0.4	81	3.8	234	10.9
Fukuoka	39	0.4	350	3.2	592	5.4
Fukushima	36	0.5	171	2.5	557	8.1
Gifu	36	0.9	145	3.5	478	11.4
Gunma	23	0.5	111	2.4	408	9.0
Hiroshima	35	0.7	159	3.0	421	7.9
Hokkaido	52	0.4	333	2.2	805	5.4
Hyogo	44	0.5	240	2.9	604	7.3
Ibaraki	25	0.4	275	4.5	768	12.6
Ishikawa	20	0.8	91	3.5	340	12.9
Iwate	21	0.5	182	4.0	646	14.1
Kagawa	19	0.8	93	3.8	317	12.8
Kagoshima	27	0.5	148	2.7	369	6.6
Kanagawa	39	0.6	164	2.5	350	5.3
Kochi	30	1.3	78	3.4	276	11.9
Kumamoto	28	0.5	220	3.9	426	7.6
Kyoto	28	0.7	102	2.5	428	10.3
Mie	16	0.4	153	4.1	419	11.2
Miyagi	19	0.4	126	2.4	446	8.3
Miyazaki	14	0.4	123	3.5	324	9.1
Nagano	38	0.7	139	2.7	494	9.7
Nagasaki	27	0.5	220	4.0	345	6.3
Nara	9	0.5	76	4.0	190	10.1
Niigata	46	0.6	173	2.4	586	8.0
Oita	23	0.6	180	4.9	390	10.5
Okayama	31	0.8	157	3.9	552	13.5
Osaka	61	0.6	280	2.9	682	7.2
Saga	18	0.6	149	4.9	316	10.4
Saitama	38	0.6	245	3.9	878	13.9
Shiga	19	0.9	68	3.1	276	12.7
Shimane	11	0.4	80	3.1	269	10.4
Shizuoka	31	0.4	299	4.2	517	7.3
Tochigi	17	0.4	137	2.9	340	7.2
Tokushima	15	0.6	94	3.7	285	11.1
Tokyo	96	0.6	286	1.9	1,022	6.9
Tottori	11	0.7	51	3.1	189	11.6
Toyama	21	0.7	95	3.4	367	13.0
Wakayama	30	1.3	96	4.0	208	8.7
Yamagata	33	0.8	131	3.2	452	11.0
Yamaguchi	17	0.4	145	3.4	324	7.5
Yamanashi	9	0.4	65	3.0	132	6.1

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
 Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Congenital debility		Sudden death, unknown and ill-defined conditions		Convulsions and tetany	
	772.0, 773a		4/		780.2, 788.5	
	Number	Rate	Number	Rate	Number	Rate
All Japan	25,096	10.6	2,068	0.9	908	0.4
All "Shi"	6,644	8.3	569	0.7	129	0.2
All "Gun"	18,452	11.9	1,499	1.0	779	0.5
Aichi	904	10.3	73	0.8	7	0.1
Akita	725	16.9	63	1.5	120	2.8
Aomori	962	20.8	90	1.9	122	2.6
Chiba	666	11.4	59	1.0	8	0.1
Ehime	385	8.4	33	0.7	3	0.1
Fukui	335	15.6	29	1.4	14	0.7
Fukuoka	1,263	11.5	67	0.6	7	0.1
Fukushima	808	11.8	71	1.0	5	0.1
Gifu	484	11.5	23	0.5	4	0.1
Gumma	401	8.8	26	0.6	9	0.2
Hiroshima	485	9.1	30	0.6	18	0.3
Hokkaido	1,145	7.7	238	1.6	152	1.0
Hyogo	910	11.1	73	0.9	6	0.1
Ibaraki	851	14.0	54	0.9	15	0.2
Ishikawa	381	14.4	17	0.6	92	3.5
Iwate	589	12.8	67	1.5	14	0.3
Kagawa	349	14.1	29	1.2	6	0.2
Kagoshima	603	10.8	17	0.3	4	0.1
Kanagawa	391	5.9	46	0.7	3	0.0
Kochi	273	11.8	13	0.6	2	0.1
Kumamoto	587	10.5	32	0.6	5	0.1
Kyoto	388	9.4	18	0.4	5	0.1
Kie	463	12.3	37	1.0	7	0.2
Miyagi	584	10.9	52	1.0	8	0.1
Miyazaki	386	10.9	28	0.8	2	0.1
Nagano	318	6.3	25	0.5	13	0.3
Nagasaki	655	12.0	28	0.5	4	0.1
Nara	322	17.2	18	1.0	5	0.3
Niigata	613	8.4	75	1.0	34	0.5
Oita	520	14.0	21	0.6	6	0.2
Okayama	440	10.8	16	0.4	2	0.0
Osaka	931	9.8	71	0.7	8	0.1
Saga	396	13.0	16	0.5	7	0.2
Saitama	657	10.4	42	0.7	1	0.0
Shiga	336	15.4	14	0.6	5	0.2
Shimane	318	12.2	22	0.8	10	0.4
Shizuoka	672	9.5	74	1.0	4	0.1
Tochigi	434	9.1	46	1.0	10	0.2
Tokushima	334	13.0	43	1.7	-	-
Tokyo	921	6.2	116	0.8	5	0.0
Tottori	171	10.5	3	0.2	4	0.2
Toyama	386	13.7	52	1.8	138	4.9
Wakayama	283	11.8	22	0.9	4	0.2
Yamagata	578	14.1	35	0.9	4	0.1
Yamaguchi	314	7.3	26	0.5	4	0.1
Yamanashi	179	8.3	18	0.8	2	0.1

See footnotes at end of table

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
 Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

Area	Accidents and poisonings E800-E962		All other causes	
	Number	Rate	Number	Rate
All Japan	2,168	0.9	10,601	4.5
All "Shi"	764	1.0	2,739	3.4
All "Gun"	1,404	0.9	7,862	5.1
Aichi	71	0.8	368	4.2
Akita	31	0.7	205	4.8
Aomori	31	0.7	421	9.1
Chiba	27	0.5	285	4.9
Ehime	34	0.7	191	4.2
Fukui	19	0.9	134	6.2
Fukuoka	99	0.9	409	3.7
Fukushima	98	1.4	306	4.5
Gifu	46	1.1	232	5.5
Gumma	35	0.8	193	4.3
Hiroshima	53	1.0	220	4.1
Hokkaido	194	1.3	632	4.3
Hyo go	88	1.1	350	4.3
Ibaraki	32	0.5	285	4.7
Ishikawa	28	1.1	173	6.6
Iwate	69	1.5	267	5.8
Kagawa	16	0.6	132	5.3
Kagoshima	78	1.4	244	4.4
Kanagawa	53	0.8	165	2.5
Kochi	12	0.5	139	6.0
Kumamoto	50	0.9	234	4.2
Kyoto	40	1.0	137	3.3
Kie	18	0.5	245	6.5
Miyagi	42	0.8	192	3.6
Miyazaki	36	1.0	182	5.1
Nagano	38	0.7	242	4.8
Nagasaki	45	0.8	234	4.3
Nara	4	0.2	79	4.2
Niigata	59	0.8	393	5.4
Oita	24	0.6	234	6.3
Okayama	33	0.8	194	4.8
Osaka	105	1.1	279	2.9
Saga	22	0.7	139	4.6
Saitama	38	0.6	292	4.6
Shiga	23	1.1	84	3.9
Shimane	33	1.3	153	5.9
Shizuoka	45	0.6	337	4.8
Tochigi	33	0.7	197	4.1
Tokushima	24	0.9	152	5.9
Tokyo	169	1.1	415	2.8
Tottori	16	1.0	76	4.7
Toyama	20	0.7	173	6.1
Wakayama	16	0.7	88	3.7
Yamagata	51	1.2	206	5.0
Yamaguchi	49	1.1	209	4.9
Yamanashi	21	1.0	84	3.9

See footnotes at end of table.

TABLE 39. INFANT DEATHS AND INFANT DEATH RATES FOR SELECTED CAUSES
 Cont'd BY PREFECTURE: JAPAN, 1950 (Rates per 1,000 live births)

FOOTNOTES:

Data refer to vital events of Japanese nationals in Japan.

Infant deaths refer to deaths under one year of age.

A dash (-) indicates that no infant deaths were reported and that the infant death rate was zero.

A rate of 0.0 indicates there were some deaths but that the rate was less than 0.05.

There were no infant deaths during 1950 from typhoid fever, paratyphoid fever, cholera, leprosy, anthrax, glanders, yellow fever, rabies or typhus and other rickettsial diseases.

1/ Japanese "B" encephalitis excludes late effects.

2/ Other diseases peculiar to early infancy includes Int. Code Numbers 762.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0, 773b, 785.2.

3/ Premature birth includes Int. Code Numbers 762.5, 766.5, 767.5, 768.5, 769.5-769.9, 770.5-770.7, 771.5, 772.5, 773.5, 776.

4/ Sudden death, unknown and ill-defined conditions includes Int. Code Numbers 780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3, 784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795x, 795.1-795.5.

SOURCES:

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Source of original data was Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 40. - STILLBIRTHS BY MONTH BY PREFECTURE: JAPAN, 1950

Area	Total	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	216,979	17,471	17,752	19,913	18,060	17,591	15,578	18,216	19,302	20,010	18,338	16,757	17,991
All "Shi"	107,560	7,822	8,462	9,502	8,817	8,651	8,006	9,148	9,779	10,340	9,511	8,666	8,916
All "Gun"	109,419	9,649	9,290	10,411	9,243	8,940	7,572	9,068	9,523	9,670	8,827	8,151	9,075
Aichi	9,173	761	743	872	792	769	711	815	841	808	738	680	643
Akita	3,629	335	317	390	300	256	236	300	275	315	304	292	309
Aomori	3,885	328	293	373	326	306	289	343	333	325	292	328	349
Chiba	4,394	400	374	387	369	344	295	351	365	386	334	374	415
Chime	3,840	292	314	321	298	327	291	334	362	380	355	265	301
Fukui	1,787	154	174	180	151	154	129	131	144	170	132	150	118
Fukuoka	10,856	810	917	924	927	810	845	974	959	1,064	909	847	870
Fukushima	5,926	520	397	538	500	477	423	501	510	527	527	468	533
Gifu	4,011	354	334	391	312	329	304	347	366	357	321	286	310
Gunma	4,732	396	404	425	399	395	327	381	448	412	434	352	359
Hiroshima	4,237	357	363	355	327	328	303	379	387	373	366	345	354
Hokkaido	11,439	937	994	1,097	956	887	851	990	885	969	923	973	977
Hyogo	8,992	722	791	732	744	752	648	760	784	871	777	669	712
Ibaraki	5,237	479	386	507	499	463	363	393	457	449	417	387	437
Ishikawa	2,042	164	190	190	169	155	155	142	189	187	171	163	167
Iwate	4,247	361	367	433	386	348	314	335	318	381	288	349	367
Kagawa	2,136	222	213	198	234	200	141	244	220	217	240	154	223
Kagoshima	4,302	343	343	343	321	357	330	382	395	421	384	328	354
Kanagawa	5,207	394	406	456	420	417	424	446	441	476	468	411	448
Kochi	1,862	124	143	163	150	136	137	190	177	188	156	153	145

TABLE 40. - STILL BIRTHS BY MONTH BY PREFECTURE: JAPAN, 1950 - Cont'd

Area	Total Still birth	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	4,749	365	387	377	397	398	375	396	455	484	379	344	392
Kyoto	4,686	371	402	424	394	340	317	398	430	411	436	367	396
Mie	3,431	292	284	320	294	288	235	235	328	335	280	367	254
Mayagi	4,959	381	378	480	402	411	335	435	434	472	406	413	412
Miyazaki	4,066	301	270	337	338	309	282	325	417	446	388	321	332
Nagano	5,882	456	570	588	496	517	374	450	527	533	471	406	494
Nagasaki	4,810	299	338	392	360	416	387	450	449	477	419	397	426
Nara	1,527	152	132	137	127	133	98	129	151	118	120	102	128
Niigata	6,882	572	579	737	598	531	474	534	601	590	530	564	572
Oita	3,500	284	259	327	288	295	258	280	339	362	315	250	293
Okayama	4,609	363	360	443	403	353	282	384	404	470	424	339	384
Osaka	11,556	832	964	1,035	918	885	852	977	1,075	1,042	1,055	980	941
Saga	2,522	187	195	225	173	213	167	248	267	263	218	179	187
Saitama	4,934	397	434	433	432	436	337	359	441	469	416	366	414
Shiga	1,978	156	199	198	171	159	145	144	184	172	161	129	160
Shimane	2,577	205	220	223	201	203	160	209	256	251	231	178	240
Shizuoka	6,261	515	512	578	512	515	460	521	562	587	513	454	532
Tochigi	3,637	301	268	333	323	341	253	270	302	326	331	291	298
Tokushima	2,371	218	183	243	204	220	161	181	199	219	184	175	184
Tokyo	12,345	932	944	1,136	990	1,044	927	988	1,112	1,134	1,064	1,039	1,045
Tottori	2,406	211	164	228	183	203	132	214	230	255	226	140	220
Toyama	2,274	202	202	248	206	170	142	199	230	199	177	176	183
Wakayama	2,121	189	159	185	167	177	149	203	233	191	210	154	194
Yamagata	3,981	335	332	400	379	283	316	345	298	327	320	300	346
Yamaguchi	4,232	310	370	418	341	343	291	355	369	396	342	328	349
Yamaguchi	2,209	171	184	193	183	198	153	182	193	200	186	172	194

Data refer to stillbirths after the third month of gestation occurring to Japanese national in Japan.
 Sources: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 41. - STILL BIRTH RATES BY MONTH BY PREFECTURE: JAPAN, 1950
(Rates per 1,000 live births each month)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	92.1	67.7	80.0	91.5	95.4	101.6	95.3	97.8	100.2	103.7	96.8	89.9	96.8
All "Shi"	134.0	91.8	114.1	130.3	138.3	148.1	142.3	139.9	146.2	159.6	149.6	134.2	132.2
All "Gun"	70.4	55.8	62.9	72.0	73.6	77.9	70.6	75.1	75.8	75.4	70.2	66.6	76.7
Aichi	104.4	76.6	89.5	116.1	111.4	119.2	113.0	113.4	114.9	112.9	108.2	100.4	91.9
Akita	84.6	75.2	72.9	86.1	72.2	78.4	79.9	94.0	84.0	92.0	93.3	92.1	107.0
Aomori	83.9	76.1	76.6	82.6	72.5	75.4	73.5	88.4	102.3	85.2	78.5	94.8	114.2
Chiba	75.4	63.1	69.6	70.3	76.3	75.5	73.3	80.4	80.4	82.3	73.4	79.1	87.2
Ehime	83.9	56.8	73.2	87.2	86.9	102.5	93.5	90.9	96.9	98.1	90.5	69.9	76.5
Fukui	83.3	66.8	77.6	74.6	79.4	87.4	79.4	76.9	80.9	105.1	87.3	113.5	93.2
Fukuoka	98.8	64.9	91.0	95.3	116.1	109.0	115.9	112.5	104.1	114.1	100.0	95.1	89.5
Fukushima	86.5	73.0	61.3	83.7	89.1	92.1	87.9	94.2	93.5	96.0	94.7	82.8	99.0
Gifu	95.6	74.5	81.9	99.8	90.3	107.1	99.3	103.1	108.4	103.4	100.8	91.4	99.1
Gunma	104.4	82.4	99.9	105.3	114.0	112.4	100.6	102.6	116.7	109.5	116.9	100.1	98.4
Hiroshima	79.6	59.2	69.9	73.0	77.0	87.4	82.2	87.6	88.5	90.1	87.5	80.5	85.6
Hokkaido	77.1	58.9	72.0	72.9	73.8	70.8	79.4	88.1	76.8	80.3	79.4	90.5	96.3
Hyogo	109.4	79.9	100.1	94.2	115.4	130.6	110.9	107.0	111.2	133.1	130.0	105.1	116.1
Ibureki	86.1	75.5	70.4	93.6	101.6	92.7	83.1	83.4	92.1	95.2	88.9	77.4	84.3
Ishikawa	77.4	53.1	70.1	66.2	77.4	80.1	89.6	68.0	89.6	86.5	89.1	90.7	94.0
Iwate	92.4	82.0	87.8	100.6	89.8	93.1	94.6	90.4	86.4	104.2	79.0	96.3	107.9
Kagawa	102.3	75.1	89.7	89.3	133.3	119.4	84.2	114.3	101.7	105.2	117.7	83.3	133.7
Kagoshima	77.1	53.3	67.3	77.3	78.9	96.7	89.7	88.1	89.8	82.1	74.8	65.9	80.7
Kanagawa	79.1	55.1	66.4	75.7	80.9	83.3	90.0	88.2	81.8	91.2	88.0	77.4	83.9
Kochi	80.2	45.8	70.0	84.2	94.4	86.0	87.5	101.2	90.9	93.1	80.2	74.5	74.1

TABLE 11. - STILL BIRTH RATES BY MONTH BY PREFECTURE, JAPAN, 1950 Cont'd
(Rates per 1,000 live births each month)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	84.8	54.3	74.1	79.2	98.7	110.1	101.1	94.4	104.8	102.3	78.0	69.7	80.7
Kyoto	113.2	78.2	99.0	104.5	115.1	116.4	112.7	121.6	129.4	133.2	146.1	114.1	117.7
Mie	91.4	68.2	81.9	95.6	102.8	108.4	89.1	103.0	107.4	105.7	89.1	73.8	83.5
Miyagi	92.6	69.6	78.1	98.3	92.5	102.4	89.7	104.9	101.9	107.1	92.3	89.7	93.0
Miyazaki	114.4	72.7	82.8	118.1	139.3	145.3	126.3	118.4	138.5	141.5	120.0	101.2	103.8
Nagano	115.9	83.0	116.6	124.3	118.5	135.8	107.0	118.2	134.7	125.8	109.2	103.1	121.8
Negasaki	87.8	49.6	70.5	86.4	89.9	112.3	107.5	108.3	96.3	100.1	86.8	80.9	88.2
Nara	81.4	72.0	73.3	77.5	91.1	100.1	77.5	87.2	96.9	82.6	81.6	66.1	79.2
Niigata	94.2	74.2	80.0	93.3	95.8	96.9	99.8	97.6	98.8	92.4	88.5	108.8	123.7
Oita	95.7	65.3	67.9	99.6	101.2	111.2	104.4	98.7	113.1	123.7	103.4	83.6	98.7
Okayama	113.0	78.8	89.8	120.1	125.9	126.5	105.1	114.1	112.2	147.7	126.2	106.0	124.3
Otsu	121.4	84.2	108.4	115.8	121.5	128.9	128.9	129.3	139.8	142.3	115.8	127.5	112.3
Saga	82.8	50.4	68.6	90.4	79.4	106.0	85.2	107.0	108.9	97.2	81.0	70.3	73.4
Saitama	78.2	59.9	73.1	78.4	91.7	97.0	76.0	70.4	80.0	91.4	78.4	72.4	78.9
Shiga	90.8	63.1	91.6	93.6	92.7	90.3	93.9	86.1	104.8	100.9	106.8	84.6	93.8
Shimane	99.3	71.4	86.3	86.0	89.5	106.4	94.4	110.7	120.2	123.0	114.5	91.6	115.2
Shizuoka	88.3	63.8	79.6	98.2	88.3	99.9	93.0	92.7	93.9	99.8	89.4	79.2	94.5
Tochigi	76.6	59.5	60.3	76.4	83.8	93.2	76.5	73.6	75.8	86.0	85.8	77.9	78.8
Tokushima	92.6	75.9	77.7	109.2	105.6	126.7	91.0	89.6	93.4	101.4	83.3	92.5	92.5
Tokyo	83.4	59.3	67.4	81.3	82.6	97.9	89.7	83.0	89.0	95.4	93.9	90.1	84.7
Tottori	148.0	110.1	99.9	147.2	130.7	175.8	122.0	171.9	182.3	208.2	184.9	109.9	171.6
Toyama	80.7	65.4	76.8	84.9	85.0	77.4	72.4	84.9	72.5	78.0	81.9	96.5	105.7
Wakayama	92.2	68.1	70.7	86.2	94.0	109.9	88.1	103.9	114.9	98.4	112.3	79.0	97.3
Yamagata	96.9	79.1	83.5	98.5	112.8	92.6	115.0	110.3	91.3	89.5	93.7	91.3	119.0
Yamaguchi	98.3	63.9	87.1	106.2	100.1	113.8	104.4	102.2	106.5	118.4	98.7	100.3	95.0
Yamanashi	101.8	71.6	87.4	100.7	104.9	119.1	94.5	107.1	113.1	111.5	98.4	95.9	141.1

Data refer to vital events of Japanese nationals in Japan.
Data refer to stillbirths after the third month of gestation.

Sources: Rates were computed by Public Health and Welfare Section, OHQ, SCAP.

Sources of original data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 42. - MARRIAGES BY MONTH BY PREFECTURE: JAPAN, 1950

Area	Total Marriages	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	717,042	67,201	73,544	77,263	67,193	70,918	52,283	50,634	47,505	48,007	50,083	52,022	60,389
All "Shi"	247,720	20,878	23,477	24,168	21,583	24,994	19,985	17,467	17,365	16,585	18,076	20,340	22,702
All "Gun"	469,322	46,323	50,067	53,095	45,610	45,924	32,298	33,167	30,140	31,422	32,007	31,682	37,687
Aichi	27,768	2,485	2,618	3,008	2,513	2,725	1,925	2,047	1,954	1,966	1,992	2,314	2,221
Akita	12,107	1,237	1,157	1,484	1,034	1,053	921	766	679	814	761	885	1,316
Aomori	12,424	1,178	1,051	1,352	1,010	949	899	883	805	1,116	971	945	1,265
Chiba	17,590	1,574	1,995	1,985	1,789	1,695	1,097	1,432	1,195	1,176	1,160	1,122	1,370
Ehime	13,593	1,344	1,250	1,459	1,230	1,376	958	1,001	928	903	1,027	1,065	1,052
Fukui	7,139	597	569	725	793	779	648	584	463	479	486	427	589
Fukuoka	31,491	2,864	2,975	3,255	2,921	3,045	2,519	2,366	2,188	2,279	2,314	2,285	2,476
Fukushima	20,441	2,131	2,258	2,564	1,999	2,171	1,311	1,382	1,169	1,134	1,247	1,355	1,720
Gifu	13,387	1,255	1,511	1,336	1,205	1,442	933	938	914	924	972	913	1,044
Gunma	13,305	1,417	1,964	1,554	1,442	1,442	731	789	758	758	747	732	975
Hiroshima	18,428	1,657	1,708	1,847	1,529	1,790	1,362	1,416	1,265	1,346	1,512	1,382	1,584
Hokkaido	40,235	3,315	3,880	4,218	3,700	3,855	3,193	2,898	2,643	2,792	2,927	3,204	3,642
Hyogo	27,823	2,394	2,802	2,752	2,434	2,763	2,094	2,137	1,992	1,902	2,009	2,217	2,327
Ibaraki	18,646	1,693	1,728	2,123	1,795	1,757	1,178	1,233	1,429	1,358	1,407	1,345	1,600
Ishikawa	8,331	765	945	964	738	703	636	562	569	601	531	562	755
Iwate	13,062	1,391	1,437	1,568	1,128	1,079	966	867	852	970	790	894	1,120
Kagawa	8,778	892	783	930	719	876	609	709	621	620	722	600	697
Kagoshima	15,400	1,512	1,603	1,683	1,467	1,429	1,086	1,049	1,090	1,110	1,142	1,040	1,192
Kanagawa	19,379	1,636	2,185	1,983	1,890	2,094	1,382	1,238	1,303	1,125	1,293	1,468	1,782
Kochi	7,953	735	691	769	702	719	592	641	667	587	588	582	680

TABLE 42. - MARRIAGES BY MONTH BY PREFECTURE: JAPAN, 1950 - Cont'd

Area	Total Marriages	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	15,926	1,542	1,572	1,795	1,595	1,605	1,291	1,174	1,064	1,110	599	1,050	1,129
Kyoto	13,190	1,169	1,434	1,512	1,237	1,378	1,080	946	793	828	971	996	1,146
Mie	12,349	1,072	1,223	1,438	1,198	1,275	794	953	830	799	955	902	910
Miyagi	15,765	1,594	1,666	1,438	1,400	1,275	1,177	978	950	1,126	1,170	1,161	1,373
Miyazaki	9,284	982	942	1,069	869	830	581	650	644	640	674	656	747
Nagano	17,233	1,926	2,254	1,718	1,829	1,930	1,241	1,004	878	762	989	1,039	1,654
Nagasaki	15,053	1,281	1,352	1,571	1,444	1,536	1,231	1,129	1,097	1,121	1,086	1,044	1,161
Nara	6,902	560	759	707	537	662	471	494	477	501	588	597	549
Niigata	20,998	2,559	2,174	2,304	2,247	2,181	1,623	1,243	1,028	1,210	974	1,289	2,166
Oita	10,924	978	990	1,226	1,077	1,174	762	859	762	792	780	726	798
Okayama	14,929	1,362	1,294	1,494	1,282	1,350	1,002	1,206	1,123	1,243	1,144	1,251	1,178
Osaka	20,050	2,353	2,974	3,099	2,601	2,873	2,388	2,244	2,217	1,875	2,320	2,539	2,567
Saga	8,943	873	936	966	850	905	562	679	604	616	667	598	687
Saitama	17,016	2,062	2,300	1,832	1,749	1,733	983	1,170	951	1,119	1,070	887	1,160
Shiga	7,185	548	837	978	794	764	466	471	403	414	536	428	546
Shimane	7,859	707	793	833	688	704	622	596	535	619	579	556	627
Shizuoka	20,295	1,793	2,360	2,138	2,107	2,204	1,476	1,258	1,222	1,160	1,432	1,673	1,472
Tochigi	14,320	1,456	1,544	1,692	1,391	1,413	869	895	922	958	984	965	1,141
Tokushima	7,947	749	755	874	768	815	525	616	618	500	598	554	575
Tokyo	46,340	3,667	4,490	4,595	4,164	4,687	3,842	3,116	3,346	3,053	3,196	3,759	4,425
Tottori	5,698	598	536	719	505	585	422	504	346	354	374	358	397
Toyama	8,774	939	937	1,007	807	757	669	485	588	586	537	587	870
Wakayama	8,674	791	779	888	783	856	638	683	577	580	732	700	667
Yamagata	13,459	1,604	1,291	1,403	1,290	1,337	1,064	866	723	769	718	976	1,418
Yamaguchi	13,785	1,194	1,289	1,344	1,308	1,286	1,023	1,078	953	971	1,015	995	1,129
Yamanashi	6,650	740	952	790	635	678	441	399	370	373	388	394	490

Data include all marriages in Japan in while letter the husband or wife was a Japanese national.

Sources: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 43. - MARRIAGE RATES BY MONTH BY PREFECTURE: JAPAN, 1950
(Rates per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	8.6	9.4	11.4	10.9	9.8	10.0	7.6	7.1	6.7	7.0	7.0	7.6	8.5
All "Shi"	7.9	7.8	9.7	9.1	8.4	9.4	7.7	6.5	6.5	6.4	6.8	7.9	8.5
All "Gun"	9.0	10.4	12.5	11.9	10.6	10.3	7.5	7.5	6.8	7.3	7.2	7.4	8.5
Aichi	8.1	8.6	10.0	10.4	9.0	9.4	6.9	7.1	6.7	7.0	6.9	8.2	7.7
Akita	9.2	11.0	11.4	13.3	9.5	9.4	8.5	6.8	6.1	7.5	6.8	8.2	11.8
Aomori	9.6	10.7	10.6	12.3	9.5	8.6	8.5	8.0	7.3	10.5	8.8	8.9	11.5
Chiba	8.2	8.6	12.1	10.8	10.1	9.3	6.2	7.8	6.5	6.6	6.3	6.3	7.5
Ehime	8.9	10.3	10.6	11.2	9.8	10.6	7.6	7.7	7.1	7.2	7.9	8.5	8.1
Fuku	9.4	9.3	9.8	11.3	12.7	12.1	10.4	9.1	7.2	7.7	7.6	6.9	9.2
Fukuoka	8.9	9.5	10.9	10.8	10.0	10.1	8.6	7.8	7.2	7.8	7.7	7.8	8.2
Fukushima	9.8	12.1	14.2	14.5	11.7	12.3	7.7	7.8	6.6	6.6	7.1	7.9	9.7
Gifu	8.6	9.5	12.7	10.1	9.4	10.9	7.3	7.1	6.9	7.2	7.4	7.1	7.9
Gumma	8.3	10.3	15.9	11.3	10.9	10.5	5.5	5.8	5.5	5.7	5.5	5.5	7.1
Hiroshima	8.8	9.5	10.6	10.4	8.9	10.1	7.9	8.0	7.1	7.8	8.5	8.0	8.9
Hokkaido	9.3	9.0	11.7	11.5	10.4	10.5	9.0	7.9	7.2	7.8	8.0	9.0	9.9
Iyogo	8.3	8.5	11.0	9.7	8.9	9.8	7.6	7.5	7.0	6.9	7.1	8.1	8.2
Ibaraki	9.1	9.7	11.0	12.2	10.6	10.1	7.0	7.1	8.2	8.0	8.1	8.0	9.2
Ishikawa	8.6	9.3	12.8	11.8	9.3	8.6	8.0	6.9	6.9	7.6	6.5	7.1	9.2
Iwate	9.6	12.1	13.8	13.6	10.1	9.4	8.7	7.5	7.4	8.7	6.9	8.0	9.7
Kagawa	9.2	11.0	10.7	11.5	9.2	10.8	7.8	8.8	7.7	7.9	8.9	7.7	8.6
Nagashima	8.5	9.8	11.5	10.9	9.8	9.3	7.3	6.8	7.1	7.4	7.4	7.0	7.7
Kanagawa	7.7	7.7	11.4	9.3	9.2	9.8	6.7	5.8	6.1	5.5	6.1	7.1	8.4
Kochi	9.0	9.8	10.2	10.3	9.7	9.6	8.2	8.6	8.9	8.1	7.9	8.0	9.1

See footnotes at end of table.

TABLE 43. - MARRIAGE RATES BY MONTH BY PREFECTURE: JAPAN, 1950 Cont'd
(Rates per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	8.7	9.9	11.1	11.5	10.5	10.3	8.5	7.5	6.8	7.3	6.4	6.2	7.2
Kyoto	7.3	7.5	10.1	9.6	8.2	8.8	7.1	6.0	5.1	5.5	6.2	6.8	7.3
Mie	8.4	8.6	10.8	11.5	9.9	10.2	6.6	7.6	6.6	6.6	7.2	7.5	7.3
Miyagi	9.4	11.2	13.0	12.0	10.2	10.2	8.5	6.9	6.7	8.2	8.2	8.4	9.6
Miyazaki	8.4	10.5	11.2	11.4	9.6	8.9	6.4	7.0	6.9	7.1	7.2	7.3	8.0
Nagano	8.3	10.9	14.2	9.7	10.7	10.9	7.3	5.7	5.0	4.5	5.7	6.1	9.4
Nagasaki	9.1	9.1	10.6	11.2	10.6	10.9	9.0	8.0	7.8	8.2	7.7	7.7	8.2
Nara	9.0	8.6	12.9	10.8	8.5	10.1	7.4	7.6	7.3	7.9	9.0	9.4	8.4
Niigata	8.5	12.2	11.4	10.9	11.0	10.4	8.0	5.9	4.9	5.9	4.6	6.3	10.3
Oita	8.7	9.1	10.2	11.4	10.4	11.0	7.3	8.0	7.1	7.6	7.3	7.0	7.4
Okayama	8.9	9.6	10.1	10.5	9.3	9.5	7.3	8.5	7.9	9.0	8.1	9.1	8.3
Osaka	7.7	7.1	10.0	9.4	8.1	8.7	7.5	6.8	6.7	5.9	7.0	8.0	7.8
Saga	9.4	10.8	12.8	11.9	10.9	11.2	7.2	8.4	7.5	7.9	8.2	7.6	8.5
Seitama	7.9	11.2	13.9	10.0	9.8	9.4	5.5	6.4	5.2	6.3	5.8	5.0	6.3
Shiga	8.3	7.4	12.6	13.3	11.1	10.4	6.5	6.4	5.5	5.8	7.3	6.0	7.4
Shimane	8.5	9.1	11.2	10.7	9.1	9.0	8.2	7.6	6.9	8.2	7.4	7.4	8.0
Shizuoka	8.2	8.5	12.4	10.1	10.3	10.4	7.2	6.0	5.8	5.7	6.8	8.2	7.0
Tochigi	9.1	11.0	12.9	12.8	10.8	10.7	6.8	6.7	7.0	7.5	7.4	7.5	8.6
Tokushima	9.0	10.0	11.1	11.6	10.6	10.8	7.2	8.2	6.2	6.9	6.0	7.6	7.7
Tokyo	7.3	6.8	9.3	8.6	8.0	8.7	7.4	5.8	6.2	5.9	6.0	7.2	8.2
Tottori	9.4	11.6	11.6	14.0	10.2	11.4	8.5	9.8	6.7	7.1	7.3	7.2	7.7
Toyama	8.6	10.9	12.0	11.7	9.7	8.8	8.0	5.6	6.8	7.0	6.2	7.1	10.1
Wakayama	8.8	9.4	10.3	10.6	9.6	10.2	7.8	8.1	6.9	7.1	8.7	8.6	7.9
Yamagata	9.8	13.8	12.3	12.1	11.5	11.5	9.5	7.5	6.2	6.8	6.2	8.7	13.2
Yamaguchi	8.9	9.1	10.8	10.2	10.3	11.3	8.0	8.2	7.2	7.6	7.7	7.8	8.6
Yamanashi	8.1	10.7	15.2	11.4	9.5	9.8	6.6	5.7	5.3	5.6	5.6	5.9	7.1

Footnotes:

Data include all marriages in Japan in which either the husbands or wife was a Japanese national.

Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources: Sources of original marriage data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 44. - DIVORCES BY MONTH BY PREFECTURE: JAPAN, 1950

Area	Total												
	Divorces	Jan	Feb-	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	83,861	5,890	6,885	7,853	7,157	7,625	6,270	6,707	7,613	7,682	7,221	6,235	6,693
All "Shi"	34,479	2,196	2,662	3,165	2,982	3,204	2,799	2,685	3,155	3,109	3,079	2,700	2,743
All "Gin"	49,382	3,694	4,223	4,688	4,175	4,421	3,471	4,022	4,458	4,573	4,142	3,535	3,950
Aichi	3,040	234	234	282	257	281	195	248	289	296	264	215	245
Akita	1,690	128	136	169	138	137	119	131	161	135	164	121	151
Aomori	1,437	129	117	121	122	126	99	120	125	133	121	94	130
Chiba	1,654	117	141	149	149	139	110	153	143	149	155	118	131
Ehime	1,980	150	145	160	159	173	139	174	210	200	182	141	147
Fukui	876	62	67	75	76	79	73	66	79	73	84	62	80
Fukuoka	4,179	290	359	416	371	369	304	337	381	385	349	302	316
Fukushima	2,116	161	193	193	167	189	146	168	175	195	164	161	204
Gifu	1,409	101	130	127	102	136	103	119	139	134	115	90	113
Gumma	1,440	89	149	137	131	126	95	106	123	154	125	93	112
Hiroshima	2,624	213	213	277	215	258	205	204	214	234	231	163	197
Hokkaido	4,137	272	336	431	327	373	350	284	333	392	342	336	361
Hyogo	3,315	224	279	317	259	331	241	267	334	300	288	235	240
Ibarak	1,424	97	108	118	137	150	99	106	133	146	110	99	121
Ishikawa	1,137	75	91	119	114	115	85	74	109	85	92	90	88
Iwate	1,362	114	133	125	110	102	93	113	125	119	77	134	117
Kagawa	1,165	83	81	121	116	115	65	103	124	105	95	71	86
Kagoshima	1,797	126	152	159	162	163	132	142	163	163	163	124	148
Kanagawa	2,097	148	173	180	184	190	186	162	190	181	195	156	152
Kochi	1,185	100	80	84	102	92	97	107	121	126	103	87	86

TABLE 44. - DIVORCES BY MONTH BY PREFECTURE: JAPAN, 1950 Cont'd

Area	Total Divorces	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	1,958	138	147	195	184	154	155	136	188	190	175	147	149
Kyoto	1,856	113	141	180	160	165	167	157	178	153	161	145	136
Mie	1,338	77	111	117	122	119	88	106	144	130	124	94	106
Niigata	1,403	99	112	124	120	134	95	108	133	107	130	109	132
Niyezaki	1,188	82	113	108	92	100	85	83	114	127	97	95	92
Nagano	1,509	92	127	156	138	157	109	121	124	126	124	101	134
Nagasaki	2,119	181	170	193	186	184	164	165	177	205	191	148	155
Nara	843	57	76	86	63	89	58	75	78	77	74	44	66
Niigata	2,625	175	203	249	212	231	224	218	221	221	203	230	238
Oita	1,337	97	102	142	112	119	90	99	117	135	126	89	109
Okeyama	1,809	137	128	174	169	151	128	166	192	165	147	126	126
Osaka	4,166	247	354	413	371	379	347	313	388	341	381	314	318
Saga	1,024	84	101	83	78	92	70	76	97	108	89	71	75
Saitama	1,543	102	127	142	136	167	79	102	152	162	141	111	122
Shiga	657	31	57	61	54	68	46	53	69	62	67	45	44
Shimane	959	67	80	98	75	77	80	78	72	106	80	77	69
Shizuoka	2,335	169	203	191	179	223	161	213	218	231	175	208	164
Techigi	1,599	107	123	150	128	127	94	105	126	126	95	115	103
Tokushima	931	80	80	72	87	76	67	74	95	93	74	67	66
Tokyo	5,787	317	450	529	530	549	470	462	490	472	560	468	490
Tottori	752	64	56	70	70	57	63	75	60	78	56	53	50
Toyama	1,137	80	90	100	93	89	85	109	98	103	100	88	102
Tsukayama	1,094	77	75	111	88	94	83	108	100	100	74	88	96
Yamagata	1,551	130	136	131	104	114	128	119	135	140	140	135	139
Yamaguchi	1,826	125	144	156	162	191	151	160	158	163	152	134	130
Yamanashi	651	49	62	62	46	75	47	42	48	56	66	41	57

Data include all divorces in Japan in which either the husband or wife was a Japanese national.

Sources: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 45. - DIVORCE RATES BY MONTH BY PREFECTURE: JAPAN, 1950
(Rates per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
All Japan	1.0	0.8	1.1	1.1	1.0	1.1	0.9	0.9	1.1	1.1	1.0	0.9	0.9
All "Shi"	1.1	0.8	1.1	1.2	1.2	1.2	1.1	1.0	1.2	1.2	1.2	1.0	1.0
All "Gun"	0.9	0.8	1.1	1.1	1.0	1.0	0.8	0.9	1.0	1.1	0.9	0.8	0.9
Aichi	0.9	0.8	0.9	1.0	0.9	1.0	0.7	0.9	1.0	1.1	0.9	0.8	0.8
Akita	1.3	1.1	1.3	1.5	1.3	1.2	1.1	1.2	1.4	1.2	1.5	1.1	1.3
Aomori	1.1	1.2	1.2	1.1	1.1	1.1	0.9	1.1	1.1	1.3	1.1	0.9	1.2
Chiba	0.8	0.6	0.9	0.8	0.8	0.8	0.6	0.8	0.8	0.8	0.8	0.7	0.7
Ehime	1.3	1.2	1.2	1.2	1.3	1.3	1.1	1.3	1.6	1.6	1.4	1.1	1.1
Fukui	1.2	1.0	1.2	1.2	1.2	1.2	1.2	1.0	1.2	1.2	1.3	1.0	1.2
Fukuoka	1.2	1.0	1.3	1.4	1.3	1.2	1.0	1.1	1.3	1.3	1.2	1.0	1.0
Fukushima	1.0	0.9	1.2	1.1	1.0	1.1	0.9	1.0	1.0	1.1	0.9	0.9	1.2
Gifu	0.9	0.8	1.1	1.0	0.8	1.0	0.8	0.9	1.1	1.0	0.9	0.7	0.9
Gunma	0.9	0.6	1.2	1.0	1.0	0.9	0.7	0.8	0.9	1.2	0.9	0.7	0.8
Hiroshima	1.3	1.2	1.3	1.6	1.2	1.4	1.2	1.1	1.2	1.4	1.3	0.9	1.1
Hokkaido	1.0	0.7	1.0	1.2	0.9	1.0	1.0	0.8	0.9	1.1	0.9	0.9	1.0
Iyogo	1.0	0.8	1.1	1.1	0.9	1.2	0.9	0.9	1.2	1.1	1.0	0.9	0.8
Ibaraki	0.7	0.6	0.7	0.7	0.8	0.9	0.6	0.6	0.8	0.9	0.6	0.6	0.7
Ishikawa	1.2	0.9	1.2	1.5	1.4	1.4	1.1	0.9	1.3	1.1	1.1	1.1	1.1
Iwate	1.0	1.0	1.3	1.1	1.0	0.9	0.8	1.0	1.1	1.1	0.7	1.2	1.0
Kagawa	1.2	1.0	1.1	1.5	1.5	1.4	0.8	1.3	1.5	1.3	1.2	0.9	1.1
Kagoshima	1.0	0.8	1.1	1.0	1.1	1.1	0.9	0.9	1.1	1.1	1.1	0.8	1.0
Kanagawa	0.8	0.7	0.9	0.8	0.9	0.9	0.9	0.8	0.9	0.9	0.9	0.8	0.7
Kochi	1.3	1.3	1.2	1.1	1.4	1.2	1.3	1.4	1.6	1.7	1.4	1.2	1.2

TABLE 45. - DIVORCE RATES BY MONTH BY PREFECTURE: JAPAN, 1950 - Cont'd
(Rates per 1,000 population per annum)

Area	Annual	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Kumamoto	1.1	0.9	1.0	1.2	1.2	1.0	1.0	0.9	1.2	1.3	1.1	1.0	1.0
Kyoto	1.0	0.7	1.0	1.1	1.1	1.1	1.1	1.0	1.1	1.0	1.0	1.0	0.9
Mie	0.9	0.6	1.0	0.9	1.0	1.0	0.7	0.8	1.2	1.1	1.0	0.8	0.8
Miyagi	0.8	0.7	0.9	0.9	0.9	0.9	0.7	0.8	0.9	0.8	0.9	0.8	0.9
Miyazaki	1.1	0.9	1.3	1.2	1.0	1.1	0.9	0.9	1.2	1.4	1.0	1.1	1.0
Nagano	0.7	0.5	0.8	0.9	0.8	0.9	0.6	0.7	0.7	0.7	0.7	0.6	0.8
Nagasaki	1.3	1.3	1.3	1.4	1.4	1.3	1.2	1.2	1.3	1.5	1.4	1.1	1.1
Nara	1.1	0.9	1.3	1.3	1.0	1.4	0.9	1.1	1.2	1.2	1.1	0.7	1.0
Niigata	1.1	0.8	1.1	1.2	1.0	1.1	1.1	1.0	1.0	1.1	1.0	1.1	1.1
Oita	1.1	0.9	1.1	1.3	1.1	1.1	0.9	0.9	1.1	1.3	1.2	0.9	1.0
Okayama	1.1	1.0	1.0	1.2	1.2	1.1	0.9	1.2	1.4	1.2	1.0	0.9	0.9
Osaka	1.1	0.7	1.2	1.3	1.2	1.1	1.1	0.9	1.2	1.1	1.2	1.0	1.0
Saga	1.1	1.0	1.4	1.0	1.0	1.1	0.9	0.9	1.2	1.4	1.1	0.9	0.9
Saitama	0.7	0.6	0.8	0.8	0.8	0.9	0.4	0.6	0.8	0.9	0.8	0.6	0.7
Shiga	0.8	0.4	0.9	0.8	0.8	0.9	0.6	0.7	0.9	0.9	0.9	0.6	0.6
Shimane	1.0	0.9	1.1	1.3	1.0	1.0	1.1	1.0	0.9	1.4	1.0	1.0	0.9
Shizuoka	0.9	0.8	1.1	0.9	0.9	1.1	0.8	1.0	1.0	1.1	0.8	1.0	0.8
Tochigi	0.9	0.8	1.0	1.1	1.0	1.0	0.7	0.8	0.9	1.0	0.7	0.9	0.8
Tokushima	1.1	1.1	1.2	1.0	1.2	1.0	0.9	1.0	1.3	1.3	1.0	0.9	0.9
Tokyo	0.9	0.6	0.9	1.0	1.0	1.0	0.9	0.9	0.9	0.9	1.0	0.9	0.9
Tottori	1.2	1.2	1.2	1.4	1.4	1.1	1.3	1.5	1.2	1.6	1.1	1.1	1.0
Toyama	1.1	0.9	1.2	1.2	1.1	1.0	1.0	1.3	1.1	1.2	1.2	1.1	1.2
Wakayama	1.1	0.9	1.0	1.3	1.1	1.1	1.0	1.3	1.2	1.2	0.9	1.1	1.1
Yamagata	1.1	1.1	1.3	1.1	0.9	1.0	1.1	1.0	1.2	1.2	1.2	1.2	1.2
Yamaguchi	1.2	0.9	1.2	1.2	1.3	1.4	1.2	1.2	1.2	1.3	1.2	1.1	1.0
Yamanashi	0.8	0.7	1.0	0.9	0.7	1.1	0.7	0.6	0.7	0.8	1.0	0.6	0.8

Data include all divorces in Japan in which either the husband or wife was a Japanese national.

Sources: Rates were computed by Public Health and Welfare Section, GHQ, SCAP.

Sources of original divorce data were Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 46. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY AND PER-CENT OF BEDS OCCUPIED BY PREFECTURE: JAPAN, 1950.

2/TOTAL HOSPITALS						
Area	Number of Hospitals	Total Patients	4/In-Patients	5/Out-Patients	6/Bed Capacity	7/Percent of Beds Occupied
All Japan	3,268	514,189	194,198	319,991	263,198	73.8
Hokkaido	240	40,356	11,762	28,594	16,164	72.8
Aomori	37	6,414	2,847	3,567	3,750	75.9
Iwate	54	9,730	3,368	6,362	4,165	80.9
Miyagi	74	12,241	5,469	6,772	6,790	80.5
Akita	43	6,717	2,237	4,480	3,083	72.6
Yamagata	29	5,487	2,192	3,295	2,995	73.2
Fukushima	57	8,308	2,826	5,482	3,988	70.9
Ibaraki	71	7,073	3,110	3,963	4,730	65.8
Tochigi	45	6,349	2,286	4,063	3,202	71.4
Gumma	43	5,889	3,261	2,628	3,972	82.1
Saitama	107	8,113	2,877	5,236	4,661	61.7
Chiba	92	10,458	6,114	4,344	7,939	77.0
Tokyo	271	59,234	25,216	34,018	30,179	83.6
Kanagawa	119	21,406	8,603	12,803	11,359	75.7
Niigata	76	12,413	4,668	7,745	6,000	77.8
Toyama	46	6,822	2,296	4,526	3,245	70.8
Ishikawa	64	8,208	3,187	5,021	4,352	73.2
Fukui	27	3,593	1,416	2,177	1,909	74.2
Yamanashi	25	2,079	782	1,297	1,289	60.7
Nagano	73	8,109	3,389	4,720	5,165	65.6
Gifu	54	6,769	2,444	4,325	3,234	75.6
Shizuoka	66	10,898	4,689	6,209	6,524	71.9
Aichi	148	21,410	7,048	14,362	10,513	67.0
Mie	67	8,183	2,987	5,196	4,852	61.6
Shiga	29	3,791	1,416	2,375	1,772	79.9
Kyoto	82	14,304	5,967	8,337	8,991	66.4
Osaka	163	31,781	12,370	19,411	18,132	68.2
Hyogo	130	21,440	7,386	14,054	9,478	77.9
Nara	19	2,259	739	1,520	1,113	66.4
Wakayama	27	3,681	1,124	2,557	1,700	66.1
Tottori	18	3,055	1,394	1,661	1,694	82.3
Shimane	21	3,256	1,549	1,707	1,837	84.3
Okayama	70	10,054	5,239	4,815	6,563	79.8
Hiroshima	92	13,437	4,634	8,803	6,575	70.5
Yamaguchi	76	10,409	3,549	6,860	5,196	68.3
Tokushima	30	3,444	1,580	1,864	2,230	70.9
Kagawa	37	4,536	1,988	2,548	2,906	68.4
Ehime	46	6,086	2,028	4,058	3,193	63.5
Kochi	39	3,553	1,350	2,203	1,926	70.1
Fukuoka	141	42,589	10,476	32,113	13,120	79.8
Saga	55	6,769	2,460	4,309	3,286	74.9
Nagasaki	67	10,905	2,855	8,050	4,728	60.4
Kumamoto	71	9,856	4,144	5,712	5,495	75.4
Oita	34	3,843	2,134	1,709	2,964	72.0
Miyazaki	38	3,677	1,389	2,288	2,000	69.5
Kagoshima	55	5,205	3,353	1,852	4,239	79.1

See footnotes at end of table.

TABLE 46. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED BY PREFECTURE: JAPAN, 1950 Cont'd

TUBERCULOSIS SANATORIA

Area	Number of Hospitals	Total Patients	4/In-Patients	5/Out-Patients	6/Bed Capacity	7/Percent of Beds Occupied
All Japan	309	60,000	55,222	4,778	61,032	90.5
Hokkaido	16	2,842	2,639	203	3,006	87.8
Aomori	4	821	742	79	897	82.7
Iwate	3	709	649	60	656	98.9
Miyagi	4	1,537	1,342	195	1,380	97.2
Akita	4	643	586	57	704	83.2
Yamagata	3	344	315	29	330	95.5
Fukushima	4	734	686	48	884	77.6
Ibaraki	8	1,481	1,415	66	1,779	79.5
Tochigi	4	891	835	56	883	94.6
Gumma	7	751	653	98	685	95.3
Saitama	5	1,325	1,080	245	1,217	88.7
Chiba	15	3,218	2,987	231	3,313	90.2
Tokyo	32	7,261	6,792	469	6,578	103.3
Kanagawa	14	2,782	2,599	183	2,903	89.5
Niigata	10	1,515	1,447	68	1,530	94.6
Toyama	2	871	834	37	984	84.8
Ishikawa	6	899	856	43	971	88.2
Fukui	2	607	555	52	665	83.5
Yamanashi	1	146	143	3	141	101.4
Nagano	8	1,529	1,439	90	1,597	90.1
Gifu	6	991	942	49	991	95.1
Shizuoka	4	1,042	995	47	1,106	90.0
Aichi	11	2,525	2,287	238	2,946	77.6
Mie	4	861	815	46	900	90.6
Shiga	5	496	474	22	475	99.8
Kyoto	7	1,651	1,523	128	1,839	82.8
Osaka	12	3,766	3,492	274	4,028	86.7
Hyogo	21	2,844	2,349	495	2,575	91.2
Nara	2	167	159	8	180	88.3
Wakayama	2	189	183	6	168	108.9
Tottori	1	53	51	2	57	89.5
Shimane	1	506	485	21	502	96.6
Okayama	4	953	929	24	1,006	92.3
Hiroshima	9	1,759	1,636	123	2,057	79.5
Yamaguchi	7	1,094	905	189	1,081	83.7
Tokushima	2	836	774	62	813	95.2
Kagawa	2	207	200	7	216	92.6
Ehime	3	978	875	103	913	95.8
Kochi	2	205	190	15	201	94.5
Fukupka	24	3,105	2,907	198	3,123	93.1
Saga	3	849	765	84	803	95.3
Nagasaki	5	340	234	106	304	77.0
Kumamoto	4	1,251	1,177	74	1,209	97.4
Oita	6	638	618	20	659	93.8
Miyazaki	1	343	329	14	302	108.9
Kagoshima	9	1,445	1,334	111	1,475	90.4

See footnotes at end of table.

TABLE 46. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED BY PREFECTURE: JAPAN, 1950 Cont'd

MENTAL HOSPITALS

Area	Number of Hospitals	Total Patients	4/In-Patients	5/Out-Patients	6/Bed Capacity	7/Percent of Beds Occupied
All Japan	131	16,002	15,493	509	17,024	91.0
Hokkaido	6	514	483	31	499	96.8
Aomori	1	37	37	0	86	43.0
Iwate	1	122	122	-	63	193.7
Miyagi	2	238	238	0	236	100.8
Akita	1	135	129	6	132	97.7
Yamagata	1	129	124	5	125	99.2
Fukushima	2	182	179	3	133	134.6
Ibaraki	3	160	159	1	167	95.2
Tochigi	4	250	224	26	274	81.8
Gumma	1	397	381	16	318	119.8
Saitama	4	475	459	16	455	100.9
Chiba	4	493	469	24	585	80.2
Tokyo	12	3,438	3,362	76	3,454	97.3
Kanagawa	6	723	710	13	869	81.7
Niigata	1	264	261	3	207	126.1
Toyama	2	195	176	19	144	122.2
Ishikawa	4	286	263	23	310	84.8
Fukui	1	159	137	22	105	130.5
Yamanashi	1	81	77	4	52	148.1
Nagano	2	219	218	1	239	91.2
Gifu	1	273	267	6	275	97.1
Shizuoka	4	363	343	20	358	95.8
Aichi	7	559	548	11	710	77.2
Mie	2	169	166	3	303	54.8
Shiga	1	166	166	0	163	101.8
Kyoto	4	338	331	7	460	72.0
Osaka	6	1,568	1,538	30	1,835	83.8
Hyogo	6	890	876	14	1,161	75.5
Nara	2	170	164	6	179	91.6
Wakayama	-	-	-	-	-	-
Tottori	1	88	83	5	75	110.7
Shimane	1	58	55	3	48	114.6
Okayama	1	241	241	-	196	123.0
Hiroshima	6	380	371	9	344	107.8
Yamaguchi	2	131	121	10	121	100.0
Tokushima	1	194	190	4	154	123.4
Kagawa	1	64	61	3	90	67.8
Ehime	1	191	186	5	187	99.5
Kochi	2	167	158	9	174	90.8
Fukuoka	7	504	476	28	618	77.0
Saga	3	430	405	25	401	101.0
Nagasaki	3	59	57	2	113	50.4
Kumamoto	2	165	165	-	165	100.0
Oita	3	115	102	13	151	67.5
Miyazaki	-	-	-	-	-	-
Kagoshima	5	222	215	7	290	74.1

See footnotes at end of table.

TABLE 46. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY, AND PERCENT OF BEDS OCCUPIED BY PREFECTURE: JAPAN 1950 Cont'd

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Area	Number of Hospitals	Total Patients	4/In-Patients	5/Out-Patients	6/Bed Capacity	7/Percent of Beds Occupied
All Japan	13	8,664	8,649	15	8,907	97.1
Hokkaido	-	-	-	-	-	-
Aomori	1	603	603	-	600	100.5
Iwate	-	-	-	-	-	-
Miyagi	1	497	497	-	550	90.4
Akita	-	-	-	-	-	-
Yamagata	-	-	-	-	-	-
Fukushima	-	-	-	-	-	-
Ibaraki	-	-	-	-	-	-
Tochigi	-	-	-	-	-	-
Gumma	1	1,028	1,028	-	1,069	96.2
Saitama	-	-	-	-	-	-
Chiba	-	-	-	-	-	-
Tokyo	1	1,141	1,141	-	1,200	95.1
Kanagawa	-	-	-	-	-	-
Niigata	-	-	-	-	-	-
Toyama	-	-	-	-	-	-
Ishikawa	-	-	-	-	-	-
Fukui	-	-	-	-	-	-
Yamanashi	1	43	43	-	65	66.2
Nagano	-	-	-	-	-	-
Gifu	-	-	-	-	-	-
Shizuoka	2	336	323	13	305	105.9
Aichi	-	-	-	-	-	-
Mie	-	-	-	-	-	-
Shiga	-	-	-	-	-	-
Kyoto	-	-	-	-	-	-
Osaka	-	-	-	-	-	-
Hyogo	-	-	-	-	-	-
Nara	-	-	-	-	-	-
Wakayama	-	-	-	-	-	-
Tottori	-	-	-	-	-	-
Shimane	-	-	-	-	-	-
Okayama	2	2,311	2,311	-	2,350	98.3
Hiroshima	-	-	-	-	-	-
Yamaguchi	-	-	-	-	-	-
Tokushima	-	-	-	-	-	-
Kagawa	1	645	643	2	648	99.2
Ehime	-	-	-	-	-	-
Kochi	-	-	-	-	-	-
Fukucka	-	-	-	-	-	-
Saga	-	-	-	-	-	-
Nagasaki	-	-	-	-	-	-
Kumamoto	2	1,159	1,159	-	1,220	95.0
Oita	-	-	-	-	-	-
Miyazaki	-	-	-	-	-	-
Kagoshima	1	901	901	-	900	100.1

See footnotes at end of table.

TABLE 46. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY AND PERCENT OF BEDS OCCUPIED BY PREFECTURE: JAPAN, 1950 Cont'd

2/OTHER HOSPITALS

Area	Number of Hospitals	Total Patients	4/In-Patients	5/Out-Patients	6/Bed Capacity	7/Percent of Beds Occupied
All Japan	2,815	429,523	114,834	314,689	176,235	65.2
Hokkaido	218	37,000	8,640	28,360	12,659	68.3
Aomori	31	4,953	1,465	3,488	2,167	67.6
Iwate	50	8,899	2,597	6,302	3,446	75.4
Miyagi	67	9,969	3,392	6,577	4,624	73.4
Akita	38	5,939	1,522	4,417	2,247	67.7
Yamagata	25	5,014	1,753	3,261	2,540	69.0
Fukushima	51	7,392	1,961	5,431	2,971	66.0
Ibaraki	60	5,432	1,536	3,896	2,784	55.2
Tochigi	37	5,208	1,227	3,981	2,045	60.0
Gumma	34	3,713	1,199	2,514	1,900	63.1
Saitama	98	6,313	1,338	4,975	2,989	44.8
Chiba	73	6,747	2,658	4,089	4,041	65.8
Tokyo	226	47,394	13,921	33,473	18,947	73.5
Kanagawa	99	17,901	5,294	12,607	7,587	69.8
Niigata	65	10,634	2,960	7,674	4,263	69.4
Toyama	42	5,756	1,286	4,470	2,117	60.7
Ishikawa	54	7,023	2,068	4,955	3,071	67.3
Fukui	24	2,827	724	2,103	1,139	63.6
Yamanashi	22	1,809	519	1,290	1,031	50.3
Nagano	63	6,361	1,732	4,629	3,329	52.0
Gifu	47	5,505	1,235	4,270	1,968	62.8
Shizuoka	56	9,157	3,028	6,129	4,755	63.7
Aichi	130	18,326	4,213	14,113	6,857	61.4
Mie	61	7,153	2,006	5,147	3,649	55.0
Shiga	23	3,129	776	2,353	1,134	68.4
Kyoto	71	12,315	4,113	8,202	6,692	61.5
Osaka	145	26,447	7,340	19,107	12,269	59.8
Hyogo	103	17,706	4,161	13,545	5,742	72.5
Nara	15	1,922	416	1,506	754	55.2
Wakayama	25	3,492	941	2,551	1,532	61.4
Tottori	16	2,914	1,260	1,654	1,562	80.7
Shimane	19	2,692	1,009	1,683	1,287	78.4
Okayama	63	6,549	1,758	4,791	3,011	58.4
Hiroshima	77	11,298	2,627	8,671	4,174	62.9
Yamaguchi	67	9,184	2,523	6,661	3,994	63.2
Tokushima	27	2,414	616	1,798	1,263	48.8
Kagawa	33	3,620	1,084	2,536	1,952	55.5
Ehime	42	4,917	967	3,950	2,093	46.2
Kochi	35	3,181	1,002	2,179	1,551	64.6
Fukuoka	110	38,980	7,093	31,887	9,379	75.6
Saga	49	5,490	1,290	4,200	2,082	62.0
Nagasaki	59	10,506	2,564	7,942	4,311	59.5
Kumamoto	63	7,281	1,643	5,638	2,901	56.6
Oita	25	3,090	1,414	1,676	2,154	65.6
Miyazaki	37	3,334	1,060	2,274	1,698	62.4
Kagoshima	40	2,637	903	1,734	1,574	57.4

See footnotes on next page.

TABIE 46. - 1/NUMBER OF HOSPITALS BY KIND, TOTAL PATIENTS, IN AND OUT PATIENTS, BED CAPACITY AND PERCENT OF BEDS OCCUPIED BY PREFECTURE: JAPAN, 1950 Cont'd

FOOTNOTES:

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- 1/ Data refer to average number of hospitals of 20 or more beds operating during 1950.
 - 2/ All hospitals of 20 or more beds, including tuberculosis sanatoria, mental hospitals, and leprosaria.
 - 3/ Hospitals of 20 or more beds, excluding tuberculosis sanatoria, mental hospitals, and leprosaria.
 - 4/ In-patients include all patients spending at least one night in the hospital.
 - 5/ Out-patients include visitors to out-patient clinics and patients treated at home by physicians on hospital staffs.
 - 6/ Bed capacity refers to official rated capacity.
 - 7/ Percent of beds occupied refers to number of in-patients per 100 beds of rated capacity and exceeds 100.0 where the number of beds set up and occupied is greater than that recommended.

SOURCES: Percent of beds occupied calculated by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Monthly Hospital Reports, Ministry of Welfare.

TABLE 17. - CONSUMPTION OF TOTAL AND RATIONED FOODS IN CALORIES PER CAPITA PER DAY
EACH QUARTERLY NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

Kind of Food	All Japan			Tokyo			1/ 11 Cities			2/ Other Cities			3/ Rural Areas		
	Calories		Percent Total Rationed	Calories		Percent Total Rationed	Calories		Percent Total Rationed	Calories		Percent Total Rationed	Calories		Percent Total Rationed
	Total	Rationed		Total	Rationed		Total	Rationed		Total	Rationed				
4/ Total Foods															
February	2079	726	34.9	1982	1125	71.9	2071	1170	56.4	2080	1314	63.2	2088	1443	21.2
May	2076	733	35.3	1937	1390	71.8	2063	1151	55.8	2014	1295	64.3	2108	1465	22.1
August	2048	687	33.5	1874	1317	70.3	1990	1088	54.7	2008	1200	59.8	2090	1437	21.0
November	2188	671	30.7	1997	1342	67.2	2110	1118	52.0	2136	1198	56.1	2228	1409	18.4
Annual Average	2098	704	33.6	1947	1368	70.3	2059	1132	55.0	2059	1252	60.8	2126	1438	20.6
5/ Staple Foods															
February	1755	676	38.5	1604	1315	82.0	1692	1096	65.2	1678	1271	75.6	1799	110	22.8
May	1723	693	40.2	1561	1327	85.0	1563	1101	69.3	1591	1230	77.3	1783	125	24.4
August	1711	662	38.7	1486	1269	85.4	1605	1060	66.1	1628	1161	71.5	1766	119	23.7
November	1824	655	35.9	1585	1325	83.6	1702	1088	64.5	1706	1175	68.9	1893	1175	20.8
Annual Average	1754	671	38.3	1559	1309	84.0	1662	1089	65.5	1651	1201	72.8	1810	1114	22.9
Rice															
February	1182	474	40.1	920	770	83.7	1136	766	67.4	1090	876	80.3	1235	297	24.0
May	1203	500	41.5	969	868	89.5	1159	793	68.4	1092	907	83.0	1259	315	25.0
August	1097	472	43.1	891	799	89.6	1060	747	70.5	1004	828	82.4	1145	308	26.9
November	1187	476	40.1	985	893	90.6	1116	809	72.5	1060	851	80.3	1249	291	23.3
Annual Average	1167	480	41.1	942	832	88.4	1118	779	69.7	1062	865	81.5	1222	303	24.8
Wheat															
February	194	128	66.1	452	419	92.7	280	229	81.9	313	245	78.5	127	58	45.3
May	190	107	56.3	425	357	84.0	284	203	71.7	264	189	71.5	138	51	37.1
August	266	103	38.7	440	381	86.5	299	188	62.9	321	194	60.4	233	44	19.0
November	188	89	47.1	405	351	86.5	233	155	66.4	266	164	61.7	142	37	26.3
Annual Average	209	107	50.9	431	377	87.5	274	194	70.8	291	188	66.1	160	48	28.7

353

TABLE 47. - CONSUMPTION OF TOTAL AND RATIONED FOODS IN CALORIES PER CAPITA PER DAY CONT'D
EACH QUARTERLY NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

Kind of Food	All Japan				Tokyo				1/ 11 Cities				2/ Other Cities				3/ Rural Areas			
	Calories	Percent	Total	Ratio	Calories	Percent	Total	Ratio	Calories	Percent	Total	Ratio	Calories	Percent	Total	Ratio	Calories	Percent	Total	Ratio
Barley																				
February	203	33.2	138	122	122	88.7	114.8	95	114.8	64.3	163	109	67.1	227	48	20.9				
May	213	38.3	118	100	100	84.5	117	100	100	68.1	162	134	73.6	237	62	26.3				
August	243	34.6	101	87	87	86.8	177	124	124	70.0	213	140	65.8	272	63	23.1				
November	227	38.7	88	79	79	89.7	180	133	133	74.0	216	156	72.4	247	63	25.5				
Annual Average	222	36.2	111	97	97	87.4	163	113	113	69.4	193	135	69.8	246	59	23.9				
Other Grains																				
February	20	19.5	2	2	2	4.8	4	1	1	18.9	6	2	28.6	28	5	14.8				
May	19	21.6	4	2	2	47.4	8	3	3	37.5	3	2	9.7	27	6	21.3				
August	24	10.1	6	2	2	40.0	2	-	-	-	23	2	9.1	28	3	10.4				
November	11	23.6	3	2	2	54.9	3	2	2	13.8	7	3	42.9	13	3	19.8				
Annual Average	18	17.7	4	1	1	38.9	4	1	1	24.4	10	2	18.6	24	4	17.2				
Sweet Potatoes																				
February	120	1.2	63	2	2	2.7	85	2	2	2.7	85	2	2.1	140	1	0.9				
May	69	0.6	21	2	2	0.5	33	2	2	0.3	29	2	0.4	90	1	0.6				
August	22	0.5	16	1	1	-	13	-	-	-	24	1	0.0	22	7	0.4				
November	165	0.1	68	1	1	2.1	132	2	2	0.2	125	1	0.5	189	1	0.5				
Annual Average	94	0.6	42	1	1	1.9	66	1	1	1.1	66	1	0.9	110	1	0.5				
Other Potatoes																				
February	36	3.9	28	2	2	5.4	30	2	2	7.5	22	1	3.1	42	1	3.4				
May	30	1.0	24	2	2	1.7	30	1	1	4.4	21	2	1.0	33	7	0.6				
August	60	0.3	33	2	2	0.6	53	2	2	0.7	44	1	1.6	67	7	0.1				
November	47	0.4	36	2	2	0.0	38	2	2	0.5	33	2	0.9	53	7	0.4				
Annual Average	43	1.2	30	1	1	1.7	38	1	1	2.6	30	1	1.6	49	1	1.0				

TABLE 47. - CONSUMPTION OF TOTAL AND RATIONED FOODS IN CALORIES PER CAPITA PER DAY Cont'd
EACH QUARTERLY NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

Kind of Food	All Japan				Tokyo				1/ 11 Cities				2/ Other Cities				3/ Rural Areas			
	Calories		Percent		Calories		Percent		Calories		Percent		Calories		Percent		Calories		Percent	
	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed	Total	Rationed
Legumes																				
February	100	22	22.4		120	63	52.1		106	34	32.3		105	35	33.5		96	14	14.8	
May	96	18	18.4		85	38	44.6		89	22	24.1		95	29	30.9		98	12	12.5	
August	79	5	5.7		87	14	15.8		66	3	4.8		73	5	7.4		82	4	4.4	
November	95	2	1.7		95	2	1.9		89	2	1.8		96	2	2.4		96	1	1.5	
Annual Average	93	12	12.5		97	29	29.9		88	15	17.2		92	18	19.6		93	8	8.5	
Fish																				
February	78	3	3.3		81	13	16.2		98	1	0.9		110	2	1.8		66	2	3.2	
May	109	1	0.5		115	1	0.4		131	7/	0.3		140	1	0.5		97	1	0.5	
August	84	7/	0.1		84	7/	0.2		102	-	-		104	7/	0.1		77	7/	0.1	
November	113	7/	0.0		130	7/	0.1		127	-	-		145	7/	0.1		100	7/	0.0	
Annual Average	96	1	0.8		102	4	3.4		114	7/	0.3		125	1	0.6		85	1	0.8	
Meat, Poultry, Eggs, Milk & Milk Products																				
February	25	1	2.4		48	2	3.8		40	2	6.1		38	1	3.2		17	7/	1.2	
May	27	7/	1.5		55	7/	0.7		46	1	1.1		42	1	2.8		18	7/	1.1	
August	29	7/	0.0		53	-	-		50	-	-		42	7/	0.0		21	7/	0.0	
November	24	7/	0.0		47	1	1.3		43	-	-		34	7/	0.0		17	7/	0.6	
Annual Average	26	7/	1.2		51	1	1.4		45	1	1.6		39	1	1.5		18	7/	0.6	
Leafy Green and Yellow Vegetables																				
February	18	7/	0.6		19	7/	0.5		20	7/	0.5		22	7/	0.9		16	7/	0.0	
May	22	-	-		18	7/	0.0		21	-	-		27	7/	0.0		21	-	-	
August	24	7/	0.0		16	-	-		22	-	-		23	7/	0.0		25	-	-	
November	22	7/	0.0		15	-	-		18	-	-		27	7/	0.0		22	-	-	
Annual Average	22	7/	0.0		17	7/	0.0		20	7/	0.0		25	7/	0.4		21	7/	0.0	

TABLE 47. - CONSUMPTION OF TOTAL AND RATIONED FOODS IN CALORIES PER CAPITA PER DAY CONT'D
EACH QUARTERLY NUTRITION SURVEY: ALL JAPAN, KYOTO, OTHER CITIES AND RURAL AREAS - 1950

Kind of Food	All Japan			Tokyo			1/ 11 Cities			2/ Other Cities			3/ Rural Areas		
	Calories	Percent	Total Rationed	Calories	Percent	Total Rationed	Calories	Percent	Total Rationed	Calories	Percent	Total Rationed	Calories	Percent	Total Rationed
Other Fruits and Vegetables															
February	35	7/	0.3	30	7/	0.3	39	7/	0.5	34	7/	0.3	36	7/	0.0
May	31	7/	0.0	26	7/	0.4	39	-	-	34	7/	0.0	30	7/	0.0
August	48	7/	0.0	44	7/	0.2	64	-	-	51	7/	0.0	46	7/	0.0
November	46	7/	0.0	37	7/	0.0	55	7/	0.0	49	7/	0.0	45	7/	0.0
Annual Average	40	7/	0.0	34	7/	0.3	49	7/	0.2	42	7/	0.0	39	7/	0.0

FOOTNOTES:-

- 1/ Nagoya, Osaka, Kure, Fukuoka, Sendai, Sapporo, Kanazawa, Matsuyama, Kobe, Yokohama and Kyoto.
- 2/ Includes all "Shi" (Cities of 30,000 or more population) except Tokyo and those indicated in footnote 1.
- 3/ Includes all "Gun" (Areas of less than 30,000 population).
- 4/ Total food includes all edible food consumed. Only certain specific foods are identified in this table.
- 5/ Staple foods include rice, wheat, barley, other grains, sweet and white potatoes, yams and taro.
- 6/ Other grains include all cereal grains except rice, wheat and barley.
- 7/ Less than one calory per capita per day.
- 8/ Other potatoes include white potatoes, yams and taro.
- 0.0 indicates less than 0.05 percent.
- A dash (-) indicates no consumption.

SOURCE:

Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 43. - NUTRIENTS PER CAPITA, PER DAY, EACH QUARTERLY NUTRITION SURVEY:
ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

	ANNUAL AVERAGE									
	1/					2/				
	All Japan	Tokyo	11 Cities	Other Cities	Rural Areas	All Japan	Tokyo	11 Cities	Other Cities	Rural Areas
Number of families	7,583	960	1,159	1,613	3,851	7,322	971	1,174	1,278	3,899
Number of persons	40,144	4,805	5,810	7,973	21,554	38,993	4,879	5,868	6,383	21,863
4/Adult units										
Protein	.853	.862	.860	.858	.850	.850	.858	.857	.858	.851
Calories	.829	.800	.810	.814	.838	.811	.797	.802	.803	.815
Protein (grams)										
Total	68	69	71	72	66	67	71	71	73	64
Animal	17	20	21	22	15	15	18	19	21	13
Vegetable	51	49	50	50	51	52	53	52	52	51
Fat (grams)	18	21	20	21	16	16	20	19	20	14
Carbohydrates (grams)	418	370	400	397	430	417	380	405	403	426
Calories										
Total	2098	1947	2059	2059	2126	2079	1982	2074	2080	2088
Ration	704	1368	1132	1252	438	726	1425	1170	1314	443
Free market	300	500	521	501	198	271	465	489	476	169
Home production	1066	52	384	266	1465	1049	53	381	236	1449
Other	28	27	22	40	25	33	39	34	54	27
Minerals										
Calcium (grams)	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Phosphorus (grams)	1.8	1.8	1.9	1.8	1.8	1.8	1.8	1.8	1.8	1.7
Iron (mgm)	46	48	49	48	44	46	49	50	48	45
Vitamins										
A (Int. units)	2,453	2,031	2,550	2,648	2,416	2,228	2,264	2,489	2,794	2,025
B1 (mgm)	1.5	1.6	1.5	1.5	1.5	1.5	1.7	1.6	1.6	1.5
B2 (mgm)	0.7	0.7	0.8	0.8	0.7	0.7	0.7	0.8	0.8	0.7
Niacin (mgm)	9.1	8.9	9.8	9.4	8.9	9.5	9.4	10.1	9.9	8.9
C (mgm)	107	78	103	100	112	105	82	99	97	110

See footnotes at end of table.

TABLE 48. - NUTRIENTS PER CAPITA, PER DAY, EACH QUARTERLY NUTRITION SURVEY:
ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

	MAY					AUGUST				
	1/		2/		3/		1/		2/	
	All Japan	Tokyo	ll Cities	Other Cities	Rural Areas	All Japan	Tokyo	ll Cities	Other Cities	Rural Areas
<u>Number of families</u>	7,214	971	1,167	1,258	3,818	7,920	952	1,148	1,961	3,859
<u>Number of persons</u>	38,384	4,871	5,842	6,238	21,433	41,627	4,730	5,755	9,643	21,499
<u>4/Adult unite</u>										
Protein	.852	.860	.861	.857	.849	.852	.863	.861	.858	.848
Calories	.833	.798	.813	.813	.844	.825	.802	.809	.816	.831
<u>Protein (grams)</u>										
Total	70	69	73	73	68	66	66	69	68	65
Animal	19	21	22	24	16	16	18	21	20	14
Vegetable	51	48	51	49	52	50	48	48	48	51
<u>Fat (grams)</u>	18	22	21	21	16	18	21	20	20	16
<u>Carbohydrates (grams)</u>	411	366	403	385	424	407	357	335	388	419
<u>Calories</u>										
Total	2076	1937	2063	2014	2108	2048	1874	1990	2008	2080
Ration	733	1390	1151	1295	465	687	1317	1088	1200	437
Free market	291	471	535	474	194	295	496	503	483	198
Home production	1022	50	354	205	1420	1044	43	382	295	1424
Other	30	26	23	40	29	22	18	17	30	21
<u>Minerals</u>										
Calcium (grams)	0.3	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Phosphorus (grams)	1.7	1.6	1.8	1.7	1.7	1.8	1.8	1.9	1.9	1.8
Iron (mgm)	44	42	46	46	44	44	50	47	47	41
<u>Vitamins</u>										
A (Int. unite)	2,479	2,118	2,492	2,449	2,513	2,691	1,738	2,891	2,542	2,789
B1 (mgm)	1.5	1.5	1.6	1.5	1.5	1.5	1.5	1.5	1.5	1.5
B2 (mgm)	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7
Niacin (mgm)	9.3	8.9	9.9	9.5	9.2	8.5	8.7	9.4	8.9	8.3
C (mgm)	88	65	82	76	94	112	83	116	110	114

See footnotes at end of table.

TABLE 43. - NUTRIENTS PER CAPITA, PER DAY, EACH QUARTERLY NUTRITION SURVEY:
ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

NOVEMBER					
	1/	2/	3/		
	All Japan	Tokyo	11 Cities	Other Cities	Rural Areas
<u>Number of families</u>	7,876	944	1,147	1,956	3,829
<u>Number of persons</u>	41,571	4,739	5,774	9,629	21,429
<u>4/Adult units</u>					
Protein	.854	.867	.860	.859	.851
Calories	.847	.802	.815	.822	.862
<u>Protein (grams)</u>					
Total	70	70	72	73	69
Animal	19	22	23	23	17
Vegetable	51	48	49	50	52
<u>Fat (grams)</u>	19	23	21	22	17
<u>Carbohydrates (grams)</u>	436	378	409	411	451
<u>Calories</u>					
Total	2188	1997	2110	2136	2228
Ration	671	1342	1118	1198	409
Free market	344	566	560	572	232
Home production	1149	61	418	330	1565
Other	24	28	14	36	22
<u>Minerals</u>					
Calcium (grams)	0.3	0.3	0.3	0.3	0.3
Phosphorus (grams)	2.0	2.0	2.0	2.0	2.0
Iron (mgm)	49	52	53	52	47
<u>Vitamins</u>					
A (int. units)	2,413	2,002	2,327	2,808	2,339
B1 (mgm)	1.6	1.6	1.5	1.6	1.5
B2 (mgm)	0.8	0.8	0.8	0.8	0.7
Niacin (mgm)	9.1	8.6	9.7	9.3	9.0
C (mgm)	124	82	113	117	130

Sources: Table prepared by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 49. - FOOD CONSUMPTION IN GRAMS PER CAPITA PER DAY EACH QUARTERLY
NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND
RURAL AREAS -- 1950

Kind of Food	ALL JAPAN				
	Annual Average	Feb	May	Aug	Nov
<u>Grains</u>	476.8	475.0	479.0	477.3	475.9
Rice	338.7	346.8	349.1	315.7	343.1
Wheat	68.7	63.7	62.3	84.5	64.5
Barley	63.9	58.8	61.9	69.6	65.1
4/Other	5.5	5.7	5.7	7.5	3.2
<u>Nuts, etc.</u>	0.9	0.9	0.6	0.4	1.6
<u>Potatoes</u>	127.2	138.7	91.2	87.5	191.5
Sweet	76.3	98.3	55.9	14.2	136.9
White	34.4	23.6	23.0	72.2	19.0
5/Other	16.5	16.8	12.3	1.1	35.6
<u>Sugars</u>	7.2	6.7	7.5	7.4	7.1
<u>Fats and Oils</u>	2.6	2.3	2.2	3.4	2.6
<u>Legumes</u>	53.7	56.9	54.5	47.5	56.0
Soya	2.5	4.4	2.1	1.5	1.9
Soya products	44.8	47.9	43.2	39.6	48.6
Other beans	6.4	4.6	9.2	6.4	5.5
<u>Animal foods</u>	81.8	72.6	89.1	75.8	89.8
Fish	61.0	54.0	68.1	51.3	70.7
Meat, poultry	8.4	9.4	6.3	8.6	9.1
Eggs	5.6	4.7	7.7	6.3	3.8
Milk	6.8	4.4	7.0	9.6	6.2
<u>Leafy green and yellow vegetables</u>	75.6	70.0	77.5	79.1	75.8
<u>Other fruits and vegetables</u>	161.0	145.6	106.6	234.6	157.3
Citrus and tomatoes	14.8	10.7	8.8	31.2	8.5
Other fruits	26.7	9.3	12.1	51.2	34.4
Other vegetables	119.5	125.6	85.7	152.2	114.4
<u>Seaweeds</u>	3.0	2.6	3.6	3.2	2.5
<u>Processed vegetables</u>	46.9	61.1	44.0	40.9	41.7
Dried	2.4	3.5	3.9	1.5	0.6
Pickled	44.5	57.6	40.1	39.4	41.1
<u>Flavors</u>	32.0	31.5	31.8	33.0	31.7

See footnotes at end of table.

TABLE 49. - FOOD CONSUMPTION IN GRAMS PER CAPITA PER DAY EACH QUARTERLY
NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND
RURAL AREAS -- 1950, Cont'd

Kind of Food	TOKYO				
	Annual Average	Feb	May	Aug	Nov
<u>Grains</u>	474.7	481.4	461.0	459.9	496.6
Rice	271.3	268.2	276.6	257.6	283.0
Wheat	170.2	173.0	149.5	171.1	187.2
Barley	31.9	39.7	33.8	29.0	25.2
4/Other	1.3	0.5	1.1	2.2	1.2
<u>Nuts, etc.</u>	0.4	0.2	0.3	0.2	0.9
<u>Potatoes</u>	70.6	84.9	45.9	53.7	97.7
Sweet	34.3	52.1	16.5	13.1	55.6
White	29.0	24.6	26.2	40.2	24.8
5/Other	7.3	8.2	3.2	0.4	17.3
<u>Sugars</u>	10.4	9.2	8.8	12.4	11.2
<u>Fats and Oils</u>	4.8	4.6	3.9	6.3	4.5
<u>Legumes</u>	57.3	60.6	51.6	58.6	58.2
Soya	1.4	3.6	1.2	0.5	0.3
Soya products	48.9	45.8	45.4	51.4	52.8
Other beans	7.0	11.2	5.0	6.7	5.1
<u>Animal foods</u>	106.3	95.5	111.0	98.1	120.5
Fish	67.0	58.7	69.8	56.7	82.8
Meat, poultry	17.3	17.9	16.6	17.9	16.8
Eggs	9.9	8.9	12.7	10.3	7.5
Milk	12.1	10.0	11.9	13.2	13.4
<u>Leafy green and yellow vegetables</u>	57.9	68.8	62.6	41.6	58.7
<u>Other fruits and vegetables</u>	132.6	103.6	95.3	212.5	119.0
Citrus and tomatoes	20.9	16.1	13.0	42.8	11.8
Other fruits	32.5	14.2	18.1	62.6	35.0
Other vegetables	79.2	73.3	64.2	107.1	72.2
<u>Seaweeds</u>	3.1	2.7	3.4	2.7	3.4
<u>Processed vegetables</u>	33.6	40.8	28.2	30.9	34.4
Dried	1.1	2.1	0.9	0.7	0.5
Pickled	32.5	38.7	27.3	30.2	33.9
<u>Flavors</u>	27.1	29.6	27.0	25.6	26.2

See footnotes at end of table.

TABLE 49. - FOOD CONSUMPTION IN GRAMS PER CAPITA PER DAY EACH QUARTERLY
NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND
RURAL AREAS -- 1950, Cont'd

Kind of Food	1/ELEVEN CITIES				
	Annual Average	Feb	May	Aug	Nov
<u>Grains</u>	473.5	482.4	484.7	461.2	465.8
Rice	323.2	332.1	334.1	304.8	321.7
Wheat	99.7	106.6	97.5	103.8	90.8
Barley	49.2	42.5	50.4	51.9	52.1
4/Other	1.4	1.2	2.7	0.7	1.2
<u>Nuts, etc.</u>	0.6	0.7	0.3	0.4	1.1
<u>Potatoes</u>	99.7	105.6	62.4	76.0	154.9
Sweet	54.6	70.4	27.3	10.4	110.3
White	33.4	24.5	26.8	63.0	19.3
5/Other	11.7	10.7	8.3	2.6	25.3
<u>Sugars</u>	9.5	9.9	9.6	9.1	9.4
<u>Fats and Oils</u>	3.5	3.6	3.3	4.0	3.2
<u>Legumes</u>	57.5	63.8	54.6	50.6	60.9
Soya	1.6	3.6	1.2	0.7	0.8
Soya products	50.2	53.4	46.0	46.5	54.8
Other beans	5.7	6.8	7.4	3.4	5.3
<u>Animal foods</u>	115.1	105.6	120.5	109.2	125.2
Fish	81.1	74.5	87.4	70.9	91.8
Meat, poultry	15.6	15.6	12.7	17.3	17.0
Eggs	8.7	6.3	11.7	10.0	6.7
Milk	9.7	9.2	8.7	11.0	9.7
<u>Leafy green and yellow vegetables</u>	74.6	76.7	73.9	79.5	68.1
<u>Other fruits and vegetables</u>	170.8	137.5	125.3	257.1	163.3
Citrus and tomatoes	24.5	17.2	15.9	48.0	16.7
Other fruits	36.6	14.7	22.9	63.7	45.1
Other vegetables	109.7	105.6	86.5	145.4	101.5
<u>Seaweeds</u>	4.2	3.2	4.6	4.6	4.2
<u>Processed vegetables</u>	42.2	53.2	35.9	42.0	37.6
Dried	1.5	2.3	2.1	1.0	0.4
Pickled	40.7	50.9	33.8	41.0	37.2
<u>Flavors</u>	37.3	37.0	37.6	40.2	34.3

See footnotes at end of table.

TABLE 49. - FOOD CONSUMPTION IN GRAMS PER CAPITA PER DAY EACH QUATERLY
NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND
RURAL AREAS - 1950, Cont'd

Kind of Food	2/OTHER CITIES				
	Annual Average	Feb	May	Aug	Nov
<u>Grains</u>	464.8	471.0	463.6	463.4	461.0
Rice	307.4	319.0	315.4	289.7	305.6
Wheat	98.6	103.4	94.1	105.6	91.1
Barley	55.6	46.8	52.6	61.1	61.8
4/Other	3.2	1.8	1.5	7.0	2.5
<u>Nuts, etc.</u>	0.6	0.6	0.3	0.3	1.3
<u>Potatoes</u>	89.2	92.7	48.5	73.7	141.9
Sweet	53.4	66.5	23.3	20.9	103.0
White	26.2	16.8	19.8	51.6	16.5
5/Other	9.6	9.4	5.4	1.2	22.4
<u>Sugars</u>	10.3	10.6	10.6	10.0	10.0
<u>Fats and Oils</u>	3.7	3.7	3.3	4.5	3.3
<u>Legumes</u>	55.6	58.3	56.0	48.1	60.0
Soya	2.2	4.7	1.3	1.2	1.7
Soya products	47.1	49.0	44.5	42.4	52.4
Other beans	6.3	4.6	10.2	4.5	5.9
<u>Animal foods</u>	111.5	104.9	120.6	99.3	121.1
Fish	81.9	78.2	89.5	66.0	93.7
Meat, poultry	12.2	13.6	10.0	13.6	11.6
Eggs	8.1	6.7	11.6	8.2	5.8
Milk	9.3	6.4	9.5	11.5	10.0
<u>Leafy green & yellow vegetables</u>	79.0	86.7	73.2	69.5	86.7
<u>Other fruits & vegetables</u>	155.1	114.1	110.3	246.4	149.4
Citrus and tomatoes	22.8	17.9	15.1	44.3	13.9
Other fruits	39.2	17.0	23.3	70.7	45.7
Other vegetables	93.1	79.2	71.9	131.4	89.8
<u>Seaweeds</u>	3.5	3.5	3.9	3.2	3.2
<u>Processed vegetables</u>	42.2	49.8	35.0	40.0	44.2
Dried	1.5	3.3	1.6	0.7	0.5
Pickled	40.7	46.5	33.4	39.3	43.7
<u>Flavors</u>	35.9	34.4	35.2	38.5	35.5

See footnotes at end of table.

TABLE 49. - FOOD CONSUMPTION IN GRAMS PER CAPITA PER DAY EACH QUARTERLY
NUTRITION SURVEY: ALL JAPAN, TOKYO, OTHER CITIES AND
RURAL AREAS -- 1950, Cont'd

Kind of Food	3/RURAL AREAS				
	Annual Average	Feb	May	Aug	Nov
<u>Grains</u>	481.0	474.8	484.3	484.9	479.9
Rice	355.2	363.1	366.7	329.3	361.6
Wheat	48.1	38.1	41.7	69.1	43.6
Barley	70.6	65.8	68.3	77.5	70.8
4/Other	7.1	7.8	7.6	9.0	3.9
<u>Nuts, etc.</u>	1.0	1.1	0.7	0.4	1.8
<u>Potatoes</u>	146.3	160.5	111.0	95.5	218.0
Sweet	89.0	114.7	72.1	12.7	156.6
White	37.5	25.4	23.3	81.9	19.3
5/Other	19.8	20.4	15.6	0.9	42.1
<u>Sugars</u>	5.7	4.9	6.2	6.0	5.6
<u>Fats and Oils</u>	2.1	1.6	1.6	2.8	2.2
<u>Legumes</u>	52.5	55.4	54.3	46.2	54.1
Soya	2.8	4.5	2.5	1.8	2.2
Soya products	43.2	47.1	42.3	37.1	46.4
Other beans	6.5	3.8	9.5	7.3	5.5
<u>Animal foods</u>	67.1	57.2	74.3	63.0	73.9
Fish	52.0	44.2	59.2	44.2	60.5
Meat, poultry	5.7	6.8	3.7	5.3	6.8
Eggs	4.2	3.5	5.7	5.0	2.5
Milk	5.2	2.7	5.7	8.5	4.1
<u>Leafy green and yellow vegetables</u>	76.1	64.3	80.3	84.9	74.9
<u>Other fruits and vegetables</u>	163.9	159.2	104.3	230.1	162.0
Citrus and tomatoes	10.8	7.3	5.8	24.4	5.7
Other fruits	21.5	6.0	7.1	43.0	29.7
Other vegetables	131.6	145.9	91.4	162.7	126.6
<u>Seaweeds</u>	2.7	2.3	3.4	3.1	2.0
<u>Processed vegetables</u>	49.9	67.0	48.8	41.8	41.9
Dried	2.8	3.8	5.0	1.8	0.6
Pickled	47.1	63.2	43.8	40.0	41.3
<u>Flavors</u>	30.6	30.2	30.5	31.1	30.7

Footnotes:

1/Includes Nagoya, Osaka, Kure, Fukuoka, Sendai, Sapporo, Kanazawa, Matsuyama, Kobe, Yokohama and Kyoto.

2/Includes all "shi" (cities of 30,000 or more population) except Tokyo and those indicated in footnote 1.

3/Includes all "gun" (areas of less than 30,000 population).

4/Other grains includes all cereal grains except rice, wheat and barley.

5/Other potatoes includes yams and taro.

Sources: Annual averages calculated by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 50. - NUMBER OF PERSONS AND PERCENT OF TOTAL SURVEYED SHOWING DEFICIENCY SYMPTOMS ACCORDING TO QUARTERLY NUTRITION SURVEYS; ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

Date and Area	NUMBER OF PERSONS SHOWING SYMPTOMS OF:										One or more Symptoms
	1/ Anemia	2/ Hyperkeratosis	3/ Xerophthalmia	4/ Cheilosis	5/ Glossitis and Stomatitis	6/ Loss of Knee Jerk	7/ Edema	8/ Chronic Diarrhea	9/ Ready Cardiac	10/ Delayed Menstruation	
All Japan, Total	4,396	2,231	208	9,503	2,147	10,961	1,722	838	2,566	2,453	324
February	1,028	794	39	2,627	593	2,341	446	230	569	709	74
May	993	533	44	2,139	544	2,645	482	203	689	568	84
August	1,327	219	73	2,115	505	3,357	432	257	674	600	79
November	1,048	685	52	2,622	505	2,618	362	148	634	576	87
Tokyo	308	93	13	392	69	677	199	102	117	292	19
February	90	16	1	126	20	135	57	35	22	84	8
May	42	31	3	87	16	177	72	18	27	74	5
August	88	8	2	51	22	211	29	33	33	67	4
November	88	38	3	128	11	154	41	16	35	67	2
12/Eleven Cities, Total	420	309	10	980	312	1,781	298	139	259	313	59
February	126	101	1	418	96	377	73	48	53	106	23
May	109	47	5	206	71	411	94	33	58	68	18
August	73	13	1	156	48	527	71	34	75	63	6
November	112	148	3	200	97	466	60	24	73	76	12
13/Other Cities Total	766	664	38	1,490	599	2,591	313	137	549	451	66
February	131	206	6	325	163	588	50	19	114	85	8
May	120	222	11	331	199	544	56	22	119	89	10
August	256	90	8	400	120	836	107	61	149	137	18
November	259	146	13	424	117	623	100	35	167	140	30
14/Rural Areas, Total	2,902	1,165	147	6,641	1,167	5,912	912	460	1,641	1,397	180
February	681	471	31	1,758	314	1,241	266	128	380	434	35
May	722	233	25	1,515	258	1,513	280	130	485	337	51
August	910	108	58	1,508	315	1,783	225	129	417	333	51
November	589	353	33	1,860	280	1,375	161	73	359	293	43

See footnotes at end of table.

TABLE 50. - NUMBER OF PERSONS AND PERCENT OF TOTAL SURVEYED SHOWING DEFICIENCY SYMPTOMS ACCORDING TO QUARTERLY NUTRITION SURVEYS; ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

PERCENT OF PERSONS SHOWING SYMPTOMS OF:

Date and Area	1/ Anemia	2/ Hyperkeratosis	3/ Xerophthalmia	4/ Cheilosis	5/ Glossitis and Stomatitis	6/ Loss of Knee Jerk	7/ Edema	8/ Chronic Diarrhea	9/ Bradycardia	10/ Delayed Menstruation	11/ Deficient Lactation	No Symptoms	One or more Symptoms
All Japan, Total													
February	3.1	1.6	0.1	6.8	1.5	7.8	1.2	0.6	2.8	9.2	24.2	77.7	22.3
May	3.0	2.3	0.1	7.6	1.7	6.8	1.3	0.7	2.5	11.0	18.1	76.9	23.1
August	3.0	1.6	0.1	6.4	1.6	7.9	1.4	0.6	3.1	9.0	26.8	72.1	27.9
November	3.7	0.6	0.2	5.8	1.4	7.4	1.2	0.7	2.9	8.6	25.7	77.7	22.3
	3.0	1.9	0.1	7.4	1.4	7.4	1.0	0.4	2.7	8.4	28.2	78.2	21.8
Tokyo, Total													
February	2.0	0.6	0.1	2.5	0.4	4.3	1.3	0.7	1.2	8.4	26.0	87.7	12.3
May	2.5	0.4	-	3.5	0.6	3.7	1.6	1.0	0.9	10.3	23.5	86.4	13.6
August	1.1	0.8	0.1	2.2	0.4	4.6	1.9	0.5	1.1	8.5	38.5	89.1	10.9
November	2.2	0.2	0.2	1.3	0.6	5.3	0.7	0.8	1.3	7.5	25.0	87.9	12.1
	2.2	1.0	0.1	3.2	0.3	3.8	1.0	0.4	0.3	7.6	20.0	87.5	12.5
12/Eleven Cities, Total													
February	2.1	1.6	0.1	4.9	1.6	9.0	1.5	0.7	2.0	7.3	25.3	79.1	20.9
May	2.4	1.9	0.0	7.9	1.8	7.2	1.4	0.9	1.5	10.3	24.2	77.0	23.0
August	2.2	0.9	0.1	4.2	1.4	8.3	1.9	0.7	1.8	7.0	30.5	80.5	19.5
November	1.5	0.3	0.0	3.2	1.0	10.9	1.5	0.7	2.4	6.2	22.2	80.8	19.2
	2.3	3.1	0.1	4.1	2.0	9.6	1.2	0.5	2.3	7.8	23.1	78.1	21.9
13/Other Cities, Total													
February	2.7	2.4	0.1	5.3	2.1	9.3	1.1	0.5	3.0	8.1	25.5	78.1	21.9
May	2.3	3.6	0.1	5.7	2.9	10.4	0.9	0.3	3.1	7.4	20.5	75.8	24.2
August	2.2	4.0	0.2	5.9	3.6	9.8	1.0	0.4	3.3	7.8	27.0	76.4	23.6
November	3.0	1.1	0.1	4.7	1.4	9.8	1.2	0.7	2.7	8.3	25.0	78.9	21.1
	3.1	1.8	0.2	5.3	1.4	7.6	1.2	0.4	3.2	8.5	27.0	80.1	19.9
14/Rural Areas, Total													
February	3.8	1.5	0.2	8.7	1.5	7.7	1.2	0.6	3.2	10.3	23.3	75.2	24.8
May	3.4	2.4	0.2	8.8	1.6	6.2	1.3	0.6	2.9	12.7	14.6	75.3	24.7
August	3.8	1.2	0.1	7.9	1.3	7.9	1.4	0.7	3.8	10.0	24.9	75.6	24.4
November	4.8	0.6	0.3	7.9	1.7	9.4	1.2	0.7	3.3	9.9	26.6	74.3	25.7
	3.2	1.9	0.2	10.1	1.5	7.5	0.9	0.4	3.0	8.7	31.6	75.4	24.6

See footnotes at end of table.

TABLE 50. - NUMBER OF PERSONS AND PERCENT OF TOTAL SURVEYED SHOWING DEFICIENCY SYMPTOMS ACCORDING TO QUARTERLY NUTRITION SURVEYS; ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

Footnotes:

- 1/ Anemia: Deficiency of quantity of blood due to wasting disease, loss of blood or imperfect nutrition. Marked by paleness of the skin and mucous membranes, loss of energy, palpitation of the heart, etc.
- 2/ Hyperkeratosis: Hypertrophy of corneous layer of the skin.
- 3/ Xerophthalmia: An eye disease due to deficiency of Vitamin A.
- 4/ Cheilosis: A condition marked by lesions on the lips and corners of the mouth.
- 5/ Glossitis: Inflammation of the tongue.
- 6/ Loss of Knee Jerk: Absence of reflex contraction of the Quadriceps muscle.
- 7/ Edema: Excessive fluid in body tissues.
- 8/ Chronic Diarrhea: Abnormally frequent and loose fecal discharges for a long period.
- 9/ Bradycardia: Abnormal slowness of the heart beat as evidences by slowing of the pulse rate. This examination included only persons over 13 years of age, and percentage refer to total examined who were over 13 years.
- 10/ Delayed Menstruation: Infrequency of sanguineous discharge of women 17-45 years of age. Percentage refer to total female population 17-45 years of age.
- 11/ Deficient Lactation: Inability of mother of baby under six months to furnish sufficient milk to breast feed. Percentage refer to total mothers of children under six months.
- 12/ 11 Cities: Nagoya, Osaka, Kure, Fukuoka, Sendai, Sapporo, Kanazawa, Matsuyama, Kobe, Yokohama and Kyoto.
- 13/ Other Cities: All "shi" (cities of 30,000 or more population) except Tokyo and the 11 cities mentioned in footnote 12.
- 14/ Rural Areas: All "gun" (areas of less than 30,000 population).

Sources:

All Japan and annual figures calculated by Public Health and Welfare Section, GHQ, SCAP.
Source of original data was Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 51. - AVERAGE BODY HEIGHT AND WEIGHT BY AGE: JAPAN, 1950

Age in Years	MALE		FEMALE	
	Height in Cms. Normal	Weight in Kgms. 1950	Height in Cms. Normal	Weight in Kgms. 1950
0	-	65.8	-	6.9
1	75.9	75.1	74.7	9.0
2	84.5	83.3	83.3	11.0
3	91.3	90.8	90.2	12.9
4	97.5	96.7	96.3	14.5
5	103.1	102.6	102.2	16.1
6	108.1	108.4	107.2	17.7
7	111.0	113.7	110.8	19.6
8	116.0	118.1	115.0	21.6
9	121.0	122.7	119.0	23.5
10	125.0	126.9	124.0	25.8
11	129.0	131.1	129.0	28.6
12	134.0	136.1	136.0	32.2
13	140.0	141.7	141.0	36.4
14	148.0	147.3	145.0	40.6
15	153.0	152.7	148.0	44.2
16	157.0	156.5	149.0	47.0
17	159.0	158.9	149.0	48.7
18	161.0	160.3	149.0	49.9
19	161.0	161.0	149.0	50.5
20	161.0	161.5	150.0	50.7
21	161.0	161.9	150.0	50.6
22	161.0	161.8	150.0	50.1
23	162.0	162.0	149.0	49.7
24	161.0	161.8	149.0	49.5
25		161.5		49.3
26-30		161.1		49.4
31-40		160.3		49.2
41-50		159.1		48.3
51-60		157.8		46.7
61-70		156.1		44.5
71 & Over		154.3		41.8

SOURCE: Nutrition Survey for month of May 1950, Ministry of Welfare.

TABLE 52. - NUMBER OF PERSONS FOUND UNDER WEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS, ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

ALL SURVEYS

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2 - 5 Years	6 - 10 Years	11 - 15 Years	16 - 20 Years	21 - 30 Years	31 - 40 Years	41 - 50 Years	51 Years and over
Total Persons Surveyed:										
All Japan	138,773	7,280	14,834	19,113	16,609	12,597	17,861	16,694	14,947	18,838
Tokyo	15,488	739	1,879	2,347	1,590	1,418	2,108	2,043	1,700	1,664
1/ Eleven Cities	19,693	1,057	2,150	2,578	2,288	1,834	2,622	2,488	2,255	2,421
2/ Other Cities	27,778	1,313	2,930	4,106	3,436	2,368	3,282	3,775	3,268	3,300
3/ Rural Areas	75,814	4,171	7,875	10,082	9,295	6,977	9,849	8,388	7,724	11,453
More than 10% Below Standard Weight:										
All Japan	18,234	1,510	1,857	1,031	1,073	971	2,220	2,548	2,811	4,213
Tokyo	2,280	140	288	163	120	133	313	360	342	401
1/ Eleven Cities	2,759	199	310	123	145	147	387	410	453	585
2/ Other Cities	4,088	257	369	290	248	234	523	690	727	750
3/ Rural Areas	9,107	914	890	455	560	457	977	1,088	1,289	2,477
Between 10% Above and Below:										
All Japan	87,699	3,524	9,959	11,046	9,663	8,635	12,255	10,960	9,570	12,087
Tokyo	9,715	347	1,159	1,317	959	1,053	1,466	1,321	1,064	1,029
1/ Eleven Cities	12,326	505	1,375	1,526	1,331	1,282	1,791	1,613	1,396	1,509
2/ Other Cities	17,686	629	1,933	2,379	2,166	1,715	2,236	2,466	2,055	2,107
3/ Rural Areas	47,972	2,043	5,494	5,824	5,207	4,585	6,762	5,560	5,055	7,442
More than 10% Above Standard Weight:										
All Japan	32,840	2,246	3,018	7,036	5,873	2,991	3,386	3,186	2,566	2,538
Tokyo	3,493	252	432	867	511	232	709	362	294	234
1/ Eleven Cities	4,608	353	467	929	812	405	444	405	406	327
2/ Other Cities	6,004	427	628	1,437	1,022	419	523	619	486	443
3/ Rural Areas	18,735	1,214	1,491	3,803	3,528	1,935	2,110	1,740	1,380	1,534

See footnotes at end of table.

TABLE 52. - NUMBER OF PERSONS FOUND UNDER WEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS, ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

FEBRUARY SURVEY

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2 - 5 Years	6 - 10 Years	11 - 15 Years	16 - 20 Years	21 - 30 Years	31 - 40 Years	41 - 50 Years	51 Years and over
Total Persons Surveyed:										
All Japan	34,288	1,877	3,578	4,606	4,086	3,219	4,506	4,179	3,633	4,604
Tokyo	3,712	200	471	569	360	345	496	493	401	377
1/Eleven Cities	5,212	280	554	649	611	483	732	672	586	640
2/Other Cities	5,635	278	571	831	689	500	668	799	666	633
3/Rural Areas	19,729	1,119	1,982	2,557	2,426	1,886	2,610	2,215	1,980	2,954
More than 10% Below Standard Weight:										
All Japan	3,863	396	473	225	201	204	422	527	546	869
Tokyo	517	37	80	44	25	29	64	77	77	84
1/Eleven Cities	621	69	79	17	25	38	73	96	93	131
2/Other Cities	765	56	95	52	42	36	90	128	125	141
3/Rural Areas	1,960	234	219	112	109	101	195	226	251	513
Between 10% Above and Below:										
All Japan	21,217	874	2,338	2,544	2,209	2,128	3,054	2,707	2,346	3,017
Tokyo	2,277	94	265	285	206	255	347	323	259	243
1/Eleven Cities	3,174	124	343	370	318	315	506	437	355	406
2/Other Cities	3,552	124	369	516	418	340	444	503	428	430
3/Rural Areas	12,214	532	1,361	1,373	1,267	1,218	1,757	1,444	1,304	1,958
More than 10% Above Standard Weight:										
All Japan	9,208	607	767	1,837	1,676	887	1,030	945	741	718
Tokyo	918	69	126	240	129	61	85	93	65	50
1/Eleven Cities	1,417	87	132	262	268	135	153	139	138	103
2/Other Cities	1,318	98	107	263	229	124	134	168	113	82
3/Rural Areas	5,555	353	402	1,072	1,050	567	658	545	425	483

See footnotes at end of table.

TABLE 52. - NUMBER OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS, ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

MAY SURVEYS

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2 - 5 Years	6 - 10 Years	11 - 15 Years	16 - 20 Years	21 - 30 Years	31 - 40 Years	41 - 50 Years	51 Years and over
Total Persons Surveyed:										
All Japan	33,292	1,768	3,559	4,576	3,967	3,018	4,341	3,986	3,553	4,504
Tokyo	3,865	184	441	585	394	343	526	498	429	425
1/ Eleven Cities	4,893	279	540	835	560	449	667	616	557	590
2/ Other Cities	5,529	253	567	835	698	467	641	749	672	627
3/ Rural Areas	19,005	1,072	1,971	2,521	2,315	1,739	2,507	2,123	1,895	2,862
More than 10% Below Standard Weight:										
All Japan	3,862	358	381	152	204	193	481	558	627	908
Tokyo	508	37	60	33	21	22	70	87	79	99
1/ Eleven Cities	657	46	88	26	26	28	93	97	114	139
2/ Other Cities	663	44	51	39	27	42	87	126	142	105
3/ Rural Areas	2,034	231	182	54	130	101	231	248	292	565
Between 10% Above and Below:										
All Japan	20,990	891	2,444	2,621	2,339	2,009	2,942	2,595	2,264	2,915
Tokyo	2,425	83	299	316	244	254	370	323	272	264
1/ Eleven Cities	3,123	131	352	376	349	325	463	399	346	382
2/ Other Cities	3,528	122	374	484	459	347	429	478	417	418
3/ Rural Areas	11,914	555	1,389	1,445	1,287	1,083	1,680	1,395	1,229	1,851
More than 10% Above Standard Weight:										
All Japan	8,440	539	764	1,803	1,424	816	918	833	662	681
Tokyo	932	64	122	236	129	67	86	88	78	62
1/ Eleven Cities	1,113	102	100	233	185	96	111	120	97	69
2/ Other Cities	1,338	87	112	312	212	98	125	145	113	104
3/ Rural Areas	5,057	286	400	1,022	898	555	596	480	374	445

See footnotes at end of table.

TABLE 52. - NUMBER OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS, ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

AUGUST SURVEY

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2 - 5 Years	6 - 10 Years	11 - 15 Years	16 - 20 Years	21 - 30 Years	31 - 40 Years	41 - 50 Years	51 Years and over
Total Persons Surveyed:										
All Japan	36,004	1,880	3,846	4,972	4,335	3,216	4,603	4,329	3,912	4,911
Tokyo	3,925	190	460	585	435	354	536	521	436	418
1/ Eleven Cities	4,780	250	526	643	555	446	602	606	552	600
2/ Other Cities	8,462	406	899	1,222	1,039	707	1,005	1,149	987	1,048
3/ Rural Areas	18,837	1,034	1,961	2,522	2,316	1,709	2,460	2,053	1,937	2,845
More than 10% Below Standard Weight:										
All Japan	5,962	423	537	323	440	351	762	823	926	1,377
Tokyo	699	96	87	53	51	49	103	102	102	116
1/ Eleven Cities	833	47	81	37	64	48	117	117	140	182
2/ Other Cities	1,486	85	107	95	110	88	193	243	254	291
3/ Rural Areas	2,964	255	262	138	215	166	349	361	430	788
Between 10% Above and Below:										
All Japan	23,346	941	2,651	3,160	2,631	2,338	3,232	2,888	2,476	3,029
Tokyo	2,488	90	293	370	249	257	375	341	266	247
1/ Eleven Cities	3,010	122	340	397	319	327	410	401	345	349
2/ Other Cities	5,422	215	613	708	642	532	692	770	608	642
3/ Rural Areas	12,426	514	1,405	1,685	1,421	1,222	1,755	1,376	1,257	1,791
More than 10% Above Standard Weight:										
All Japan	6,696	516	658	1,489	1,264	527	609	618	510	595
Tokyo	738	64	80	162	125	48	58	78	68	55
1/ Eleven Cities	937	81	105	209	172	71	75	88	67	69
2/ Other Cities	1,574	106	179	419	287	87	120	136	125	115
3/ Rural Areas	3,447	265	294	699	680	321	356	316	250	266

See footnotes at end of table.

TABLE 52. - NUMBER OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS,
ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

NOVEMBER SURVEY

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2 - 5 Years	6 - 10 Years	11 - 15 Years	16 - 20 Years	21 - 30 Years	31 - 40 Years	41 - 50 Years	51 Years and over
Total Persons Surveyed:										
All Japan	35,189	1,735	3,851	4,959	4,221	3,144	4,411	4,200	3,849	4,819
Tokyo	3,986	165	467	608	411	376	550	531	434	444
1/ Eleven Cities	4,898	248	530	651	562	451	621	594	560	591
2/ Other Cities	8,152	376	893	1,218	1,010	674	968	1,078	943	992
3/ Rural Areas	18,243	946	1,961	2,482	2,238	1,643	2,272	1,997	1,912	2,792
More than 10% Below Standard Weight:										
All Japan	4,547	333	466	331	228	223	555	640	712	1,059
Tokyo	556	30	61	33	23	33	96	94	84	102
1/ Eleven Cities	648	37	62	43	30	33	104	100	106	133
2/ Other Cities	1,194	72	116	104	69	68	153	193	206	213
3/ Rural Areas	2,149	194	227	151	106	89	202	253	316	611
Between 10% Above and Below:										
All Japan	22,116	818	2,556	2,721	2,484	2,160	3,027	2,770	2,484	3,126
Tokyo	2,525	80	302	346	260	287	374	334	287	275
1/ Eleven Cities	3,019	128	398	383	345	315	412	376	350	372
2/ Other Cities	5,184	168	577	671	647	496	671	715	602	637
3/ Rural Areas	11,448	442	1,339	1,321	1,232	1,062	1,570	1,345	1,265	1,842
More than 10% Above Standard Weight:										
All Japan	8,496	584	829	1,907	1,509	761	829	790	653	634
Tokyo	905	55	104	229	128	56	80	103	83	67
1/ Eleven Cities	1,141	83	130	225	187	103	105	113	104	86
2/ Other Cities	1,774	136	200	443	294	110	144	170	135	142
3/ Rural Areas	4,574	310	395	1,010	900	492	500	399	331	339

1/ Includes Nagoya, Osaka, Kobe, Fukuoka, Sendai, Sapporo, Yokohama and Kyoto.

2/ Includes all "shi" (cities of 30,000 or more population) except Tokyo and the 11 cities mentioned in footnote 1.

3/ Includes all "gun" (areas of less than 30,000 population).

Source: All Japan totals and total persons surveyed prepared by Public Health and Welfare Section, GHQ, SCAP.

Source of original data was Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 53. - PERCENT OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS,
ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950

ALL SURVEYS											
Weight Classification and Area Surveyed	All Ages	Under 2 Years	205 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	50 Years and Over	
All Persons Surveyed:											
All Japan	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
Tokyo	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
1/Eleven Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
2/Other Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
3/Rural Areas	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
More than 10% Below Standard Wt:											
All Japan	13.1	20.7	12.5	5.4	6.4	7.7	12.4	15.2	18.8	22.3	
Tokyo	14.7	18.9	15.3	7.0	7.6	9.4	15.8	17.6	20.1	24.1	
1/Eleven Cities	14.0	18.8	14.4	4.8	6.3	8.0	14.8	16.5	20.1	24.2	
2/Other Cities	14.7	19.6	12.6	7.1	7.2	9.9	16.0	18.3	22.2	22.7	
3/Rural Areas	12.0	21.9	11.3	4.5	6.0	6.6	9.9	13.0	16.7	21.6	
Between 10% Above and Below:											
All Japan	63.2	48.4	67.1	57.8	58.2	68.6	68.6	65.7	64.0	64.2	
Tokyo	62.7	47.0	61.7	56.1	60.3	74.2	69.5	64.7	62.6	61.8	
1/Eleven Cities	62.6	47.8	63.9	59.2	58.2	69.9	68.3	64.8	61.9	62.3	
2/Other Cities	63.7	47.9	66.0	57.9	63.0	72.4	68.1	65.3	62.9	63.9	
3/Rural Areas	63.3	49.0	69.8	57.8	56.0	65.7	68.7	66.3	65.4	65.0	
More than 10% Above Standard Wt:											
All Japan	23.7	30.9	20.4	36.8	35.4	23.7	19.0	19.1	17.2	13.5	
Tokyo	22.6	34.1	23.0	36.9	32.1	16.4	14.7	17.7	17.3	14.1	
1/Eleven Cities	23.4	33.4	21.7	36.0	35.5	22.1	16.9	18.7	18.0	13.5	
2/Other Cities	21.6	32.5	21.4	35.0	29.8	17.7	15.9	16.4	14.9	13.4	
3/Rural Areas	24.7	29.1	18.9	37.7	38.0	27.7	21.4	20.7	17.9	13.4	

See footnotes at end of table.

TABLE 53. - PERCENT OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS,
ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd
FEBRUARY SURVEYS

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2-5 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	50 Years and Over
All Persons Surveyed:										
All Japan	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Tokyo	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1/Eleven Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2/Other Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
3/Rural Areas	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than 10% Below Standard Wt:										
All Japan	11.3	21.1	13.2	4.9	4.9	6.3	9.4	12.6	15.0	18.9
Tokyo	13.9	18.5	17.0	7.7	6.9	8.4	12.9	15.5	19.4	22.3
1/Eleven Cities	11.2	24.6	14.3	2.6	4.1	7.8	10.0	14.3	15.9	20.5
2/Other Cities	13.6	20.1	16.6	6.3	6.1	7.2	13.5	14.0	18.8	22.3
3/Rural Areas	9.9	20.9	11.0	4.4	4.5	5.4	7.5	10.2	12.7	17.4
Between 10% Above and Below:										
All Japan	61.9	46.6	65.4	55.2	54.1	66.1	47.8	64.8	64.6	65.5
Tokyo	61.3	47.0	56.2	50.1	57.3	73.9	70.0	65.6	64.4	64.4
1/Eleven Cities	60.9	44.3	61.9	57.0	52.2	64.5	69.1	65.0	60.6	63.4
2/Other Cities	63.0	44.7	64.7	62.1	60.7	68.0	66.4	63.0	64.2	64.7
3/Rural Areas	61.9	47.6	68.7	53.7	52.2	64.5	67.3	65.2	65.8	66.2
More than 10% Above Standard Wt:										
All Japan	26.8	32.3	21.4	39.9	41.0	27.6	22.8	22.6	20.4	15.6
Tokyo	24.8	34.5	26.8	42.2	35.8	17.7	17.1	18.9	16.2	13.3
1/Eleven Cities	27.2	31.1	23.8	40.4	43.7	27.7	20.9	20.7	23.5	16.1
2/Other Cities	23.4	35.2	18.7	31.6	33.2	24.8	20.1	21.0	17.0	13.0
3/Rural Areas	28.2	31.5	20.3	41.9	43.3	30.1	25.2	24.6	21.5	16.4

See footnotes at end of table.

TABLE 53. - PERCENT OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS,
ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

MAY SURVEY										
Weight Classification and Area Surveyed	All Ages	Under 2 Years	2-5 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	51 Yrs and Over
All Persons Surveyed:										
All Japan	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Tokyo	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1/ Eleven Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2/ Other Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
3/ Rural Areas	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than 10% Below Standard Wt:										
All Japan	11.6	20.0	10.7	3.3	5.1	6.4	11.1	14.0	17.7	20.2
Tokyo	13.1	20.1	12.5	5.6	5.3	6.4	13.3	17.5	18.4	23.3
1/ Eleven Cities	13.4	16.5	16.3	4.1	4.6	6.2	13.9	15.7	20.5	23.6
2/ Other Cities	12.0	17.4	9.0	4.7	3.9	8.6	13.6	16.8	21.1	16.7
3/ Rural Areas	10.7	21.5	9.2	2.1	5.6	5.8	9.2	11.7	15.4	19.7
Between 10% Above and Below:										
All Japan	63.0	49.8	67.8	57.3	59.0	66.6	67.8	65.1	63.7	64.7
Tokyo	62.8	45.1	62.1	54.1	62.0	74.1	70.4	64.8	63.4	62.1
1/ Eleven Cities	63.9	46.9	65.2	59.2	62.4	72.4	69.5	64.8	62.1	64.7
2/ Other Cities	63.8	48.2	66.0	57.9	65.7	71.3	66.9	63.8	62.1	66.7
3/ Rural Areas	62.7	51.8	70.5	57.4	55.6	62.3	67.0	65.7	64.9	64.7
More than 10% Above Standard Wt:										
All Japan	25.4	30.2	21.5	39.4	35.9	27.0	21.1	20.9	18.6	15.1
Tokyo	24.1	34.8	25.4	40.3	32.7	19.5	16.3	17.7	18.2	14.6
1/ Eleven Cities	22.7	36.6	18.5	36.7	33.0	21.4	16.6	19.5	17.4	11.7
2/ Other Cities	24.2	34.4	25.0	37.4	30.4	20.1	19.5	19.4	16.8	16.6
3/ Rural Areas	26.6	26.7	20.3	40.5	38.8	31.9	23.8	22.6	19.7	15.6

See footnotes at end of table.

TABLE 53. - PERCENT OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS,
ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950 Cont'd

AUGUST SURVEY

Weight Classification and Area Surveyed	All Ages	Under 2 Years	2-5 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	50 Years and over
All Persons Surveyed:										
All Japan	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Tokyo	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1/ Eleven Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2/ Other Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
3/ Rural Areas	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than 10% Below Standard Weight:										
All Japan	16.6	22.5	14.0	6.5	10.1	10.9	16.6	19.0	23.7	28.0
Tokyo	17.8	18.9	18.9	9.1	12.0	12.0	19.2	19.6	23.4	27.8
1/ Eleven Cities	17.4	18.8	15.4	5.8	11.5	10.8	19.4	19.3	25.4	30.3
2/ Other Cities	17.3	20.9	11.9	7.8	10.6	12.4	19.2	21.1	25.7	27.8
3/ Rural Areas	15.7	24.7	13.4	5.5	9.3	9.7	14.2	17.6	22.2	27.7
Between 10% Above and Below:										
All Japan	64.8	50.1	68.9	63.6	60.7	72.7	70.2	66.7	63.3	61.7
Tokyo	63.4	47.4	63.7	63.2	58.6	74.4	70.0	65.4	61.0	59.0
1/ Eleven Cities	63.0	48.8	64.6	61.7	57.5	73.3	68.1	66.2	62.5	58.2
2/ Other Cities	64.1	53.0	68.2	57.9	61.8	75.3	68.9	67.1	61.6	61.2
3/ Rural Areas	66.0	49.7	71.6	66.8	61.3	71.5	71.3	67.0	64.9	63.0
More than 10% Above Standard Weight:										
All Japan	18.6	27.4	17.1	29.9	29.2	16.4	13.2	14.3	13.0	10.3
Tokyo	18.8	33.7	17.4	27.7	29.4	13.6	10.8	15.0	15.6	13.2
1/ Eleven Cities	19.6	32.4	20.0	32.5	31.0	15.9	12.5	14.5	12.1	11.5
2/ Other Cities	18.6	26.1	19.9	34.3	27.6	12.3	11.9	11.8	12.7	11.0
3/ Rural Areas	18.3	25.6	15.0	27.7	29.4	18.8	14.5	15.4	12.9	9.3

See footnotes at end of table.

TABLE 53. - PERCENT OF PERSONS FOUND UNDERWEIGHT AND OVERWEIGHT MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS,
ACCORDING TO QUARTERLY NUTRITION SURVEYS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS - 1950, Cont'd

NOVEMBER SURVEY										
Weight Classification and Area Surveyed	All Ages	Under 2 Years	2-5 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	51 Years and Over
All Persons Surveyed:										
All Japan	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Tokyo	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
1/ Eleven Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
2/ Other Cities	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
3/ Rural Areas	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
More than 10% Below Standard Wt:										
All Japan	12.9	19.2	12.1	6.7	5.4	7.1	12.6	15.2	18.5	22.0
Tokyo	13.9	18.2	13.1	5.4	5.6	8.8	17.5	17.7	19.4	23.0
1/ Eleven Cities	13.5	14.9	11.7	6.6	5.3	7.3	16.7	16.8	18.9	22.5
2/ Other Cities	14.6	19.1	13.0	8.5	6.8	10.1	15.8	17.9	21.9	21.5
3/ Rural Areas	11.8	20.5	11.6	6.1	4.7	5.4	8.9	12.7	14.5	21.9
Between 10% Above and Below:										
All Japan	62.9	47.1	66.4	54.9	58.9	68.7	68.6	66.0	64.5	64.9
Tokyo	63.4	48.5	64.6	56.9	63.3	76.3	68.0	62.9	61.5	61.9
1/ Eleven Cities	62.8	51.6	63.8	58.8	61.4	69.9	66.4	63.3	62.5	62.9
2/ Other Cities	63.6	44.7	64.6	55.1	64.1	73.6	69.3	66.3	63.8	64.2
3/ Rural Areas	62.6	46.7	68.3	53.2	55.1	64.7	69.1	67.3	68.2	66.0
More than 10% Above Standard Wt:										
All Japan	24.2	33.7	21.5	38.4	35.7	24.2	18.8	18.8	17.0	13.1
Tokyo	22.7	33.3	22.3	37.7	31.1	14.9	14.5	19.4	19.1	15.1
1/ Eleven Cities	23.7	33.5	22.4	34.6	33.3	22.8	16.9	19.9	18.6	14.6
2/ Other Cities	21.8	36.2	22.4	36.4	29.1	16.3	14.9	15.8	14.3	14.3
3/ Rural Areas	25.6	32.8	20.1	40.7	40.2	29.9	22.0	20.0	17.3	12.1

1/ Includes Nagoya, Osaka, Kure, Fukuoka, Sendai, Sapporo, Kanazawa, Matsuyama, Kobe, Yokohama and Kyoto.
 2/ Includes all "shin" (cities of 30,000 or more population) except Tokyo and those included in footnote 1.
 3/ Includes all "gun" (areas of less than 30,000 population) SOURCES: Percentages for all Japan and annual percentages calculated by Public Health and Welfare Section, GHQ, SCAP. Source of original data was Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 54a. - AVERAGE WEIGHT DEVIATION IN KILOGRAMS PER PERSON ABOVE AND BELOW THE TEN PERCENT LEVEL MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS-1950

BELOW STANDARD WEIGHT

Date and Area Surveyed	All Ages	Under 2 Years	2-5 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	51 years and over
All Surveys:										
All Japan										
Tokyo	4.4	1.0	1.5	2.1	3.6	5.2	5.5	5.6	5.7	5.7
1/Eleven Cities	4.4	1.0	1.5	2.1	3.5	5.3	5.6	5.7	5.8	5.8
2/Other Cities	4.5	1.0	1.5	2.1	3.6	5.1	5.5	5.6	5.7	5.7
3/Rural Areas	4.6	1.0	1.4	2.1	3.7	5.3	5.6	5.7	5.8	5.6
2/Rural Areas	4.3	1.0	1.4	2.1	3.7	5.1	5.4	5.5	5.5	5.5
February:										
All Japan										
Tokyo	4.2	1.0	1.5	2.0	3.5	5.1	5.4	5.5	5.6	5.5
1/Eleven Cities	4.2	1.0	1.5	2.0	3.3	5.2	5.5	5.6	5.7	5.6
2/Other Cities	4.2	1.0	1.4	2.0	3.5	5.2	5.4	5.5	5.5	5.5
3/Rural Areas	4.4	1.0	1.5	2.0	3.7	5.1	5.5	5.6	5.7	5.6
2/Rural Areas	4.0	1.0	1.4	2.0	3.6	5.0	5.2	5.3	5.3	5.3
May:										
All Japan										
Tokyo	4.5	1.0	1.4	2.0	3.7	5.2	5.5	5.6	5.7	5.6
1/Eleven Cities	4.5	1.0	1.4	2.0	3.5	5.2	5.5	5.6	5.7	5.8
2/Other Cities	4.5	1.0	1.5	2.0	3.7	5.0	5.5	5.6	5.8	5.7
3/Rural Areas	4.7	0.9	1.4	2.1	3.7	5.5	5.5	5.6	5.8	5.5
2/Rural Areas	4.3	0.9	1.4	2.0	3.7	5.0	5.4	5.4	5.4	5.3
August:										
All Japan										
Tokyo	4.5	1.0	1.5	2.2	3.7	5.3	5.6	5.7	5.8	5.9
1/Eleven Cities	4.0	1.0	1.5	2.3	3.7	5.4	5.6	5.7	5.9	6.0
2/Other Cities	4.7	1.0	1.5	2.2	3.7	5.1	5.6	5.7	5.6	6.0
3/Rural Areas	4.8	0.9	1.4	2.2	3.7	5.3	5.7	5.8	6.0	5.8
2/Rural Areas	4.5	1.0	1.4	2.1	3.7	5.2	5.5	5.5	5.8	5.8
November:										
All Japan										
Tokyo	4.5	1.0	1.4	2.1	3.6	5.2	5.5	5.6	5.7	5.6
1/Eleven Cities	4.7	1.0	1.4	2.1	3.4	5.2	5.7	5.7	5.7	5.7
2/Other Cities	4.6	0.9	1.4	2.0	3.6	5.1	5.6	5.6	5.7	5.6
3/Rural Areas	4.5	1.0	1.4	2.2	3.6	5.2	5.5	5.6	5.8	5.6
2/Rural Areas	4.3	1.0	1.4	2.1	3.6	5.1	5.3	5.4	5.4	5.5

See footnotes at end of table.

TABLE 54. - AVERAGE WEIGHT DEVIATION IN KILOGRAMS PER PERSON ABOVE AND BELOW THE TEN PERCENT LEVEL MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS--1950 Cont'd

ABOVE STANDARD WEIGHT

Date and Area Surveyed	All Ages	Under 2 Years	2-5 Years	6-10 Years	11-15 Years	16-20 Years	21-30 Years	31-40 Years	41-50 Years	51 years and over
All Surveys:										
All Japan	4.0	1.1	1.5	2.9	4.2	5.5	5.6	5.7	5.6	5.3
Tokyo	3.8	1.1	1.5	3.0	4.3	5.3	5.6	5.6	5.6	5.4
1/Eleven Cities	4.0	1.1	1.5	2.8	4.3	5.5	5.6	5.7	5.6	5.3
2/Other Cities	3.9	1.1	1.5	2.9	3.9	5.6	5.6	5.6	5.6	5.4
3/Rural Areas	4.2	1.1	1.5	2.9	4.3	5.7	5.8	5.7	5.6	5.3
February:										
All Japan	4.1	1.1	1.5	2.7	4.4	5.6	5.8	5.8	5.7	5.3
Tokyo	3.8	1.1	1.5	3.0	4.2	5.3	5.6	5.7	5.6	5.3
1/Eleven Cities	4.3	1.1	1.5	2.8	4.6	5.6	5.8	5.7	5.9	5.4
2/Other Cities	4.1	1.2	1.5	2.5	4.2	5.6	5.8	5.8	5.6	5.3
3/Rural Areas	4.3	1.1	1.5	2.4	4.4	5.9	5.9	5.8	5.7	5.3
May:										
All Japan	4.2	1.1	1.5	3.5	4.2	5.8	5.7	5.7	5.6	5.4
Tokyo	4.2	1.1	1.6	3.7	4.9	5.5	5.6	5.6	5.6	5.4
1/Eleven Cities	4.0	1.1	1.5	3.2	4.1	5.5	5.6	5.7	5.3	5.3
2/Other Cities	4.1	1.1	1.5	3.4	3.3	6.4	5.7	5.7	5.6	5.6
3/Rural Areas	4.5	1.0	1.5	3.8	4.3	5.9	5.9	5.8	5.7	5.3
August:										
All Japan	3.7	1.1	1.5	2.6	4.1	5.2	5.4	5.5	5.5	5.2
Tokyo	5.4	1.1	1.5	2.6	4.1	5.2	5.4	5.5	5.6	5.3
1/Eleven Cities	3.7	1.1	1.5	2.6	4.2	5.2	5.4	5.5	5.4	5.2
2/Other Cities	3.7	1.0	1.5	2.7	4.0	5.1	5.4	5.4	5.4	5.1
3/Rural Areas	3.8	1.0	1.4	2.5	4.1	5.4	5.5	5.5	5.4	5.1
November:										
All Japan	4.0	1.1	1.5	2.8	4.1	5.4	5.6	5.7	5.6	5.3
Tokyo	3.9	1.2	1.5	2.7	3.9	5.2	5.6	5.7	5.7	5.4
1/Eleven Cities	4.0	1.1	1.5	2.6	4.2	5.5	5.6	5.7	5.6	5.3
2/Other Cities	3.8	1.1	1.5	2.8	4.0	5.3	5.5	5.5	5.6	5.3
3/Rural Areas	4.1	1.1	1.5	2.9	4.2	5.7	5.7	5.7	5.5	5.3

See footnotes at end of table.

TABLE 54. - AVERAGE WEIGHT DEVIATION IN KILOGRAMS PER PERSON ABOVE AND BELOW THE TEN PERCENT LEVEL.
MEASURED FROM THE STANDARD WEIGHT BY AGE GROUPS: ALL JAPAN, TOKYO, OTHER CITIES AND RURAL AREAS--1950 Cont'd

Footnotes:

- 1/ Includes Nagoya, Osaka, Kure, Fukuoka, Sendai, Sapporo, Kanazawa, Matsuyama, Kobe, Yokohama and Kyoto.
- 2/ Includes all "shi" (cities of 30,000 or more population) except Tokyo and those indicated in footnote 1.
- 2/ Includes all "gun" (areas of less than 30,000 population).

SOURCES: Averages for all Japan and all Surveys calculated by Public Health and Welfare Section, GHO, SCAP.

Sources of original data was Quarterly Nutrition Surveys, Ministry of Welfare.

TABLE 55. - LIVE BIRTHS, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES
AND DIVORCES OF NON-JAPANESE NATIONALS IN JAPAN BY MONTH: 1950

Month	Live Births	Deaths	^{1/} Infant Deaths	Stillbirths	^{2/} Marriages	^{2/} Divorces
Total	20,443	4,980	1,154	1,275	1,118	35
Jan	2,153	556	188	113	77	4
Feb	1,828	449	138	109	103	-
Mar	1,849	492	123	113	90	2
Apr	1,545	418	106	124	93	2
May	1,585	403	85	109	88	6
Jun	1,459	378	95	91	100	2
Jul	1,702	410	83	94	99	4
Aug	1,671	420	53	114	91	6
Sep	1,591	328	53	114	85	3
Oct	1,651	355	65	101	90	2
Nov	1,666	364	85	107	104	1
Dec	1,743	407	80	86	98	3

^{1/}Deaths under one year of age.

^{2/}Data refer to marriages and divorces in which both husband and wife were not Japanese nationals.

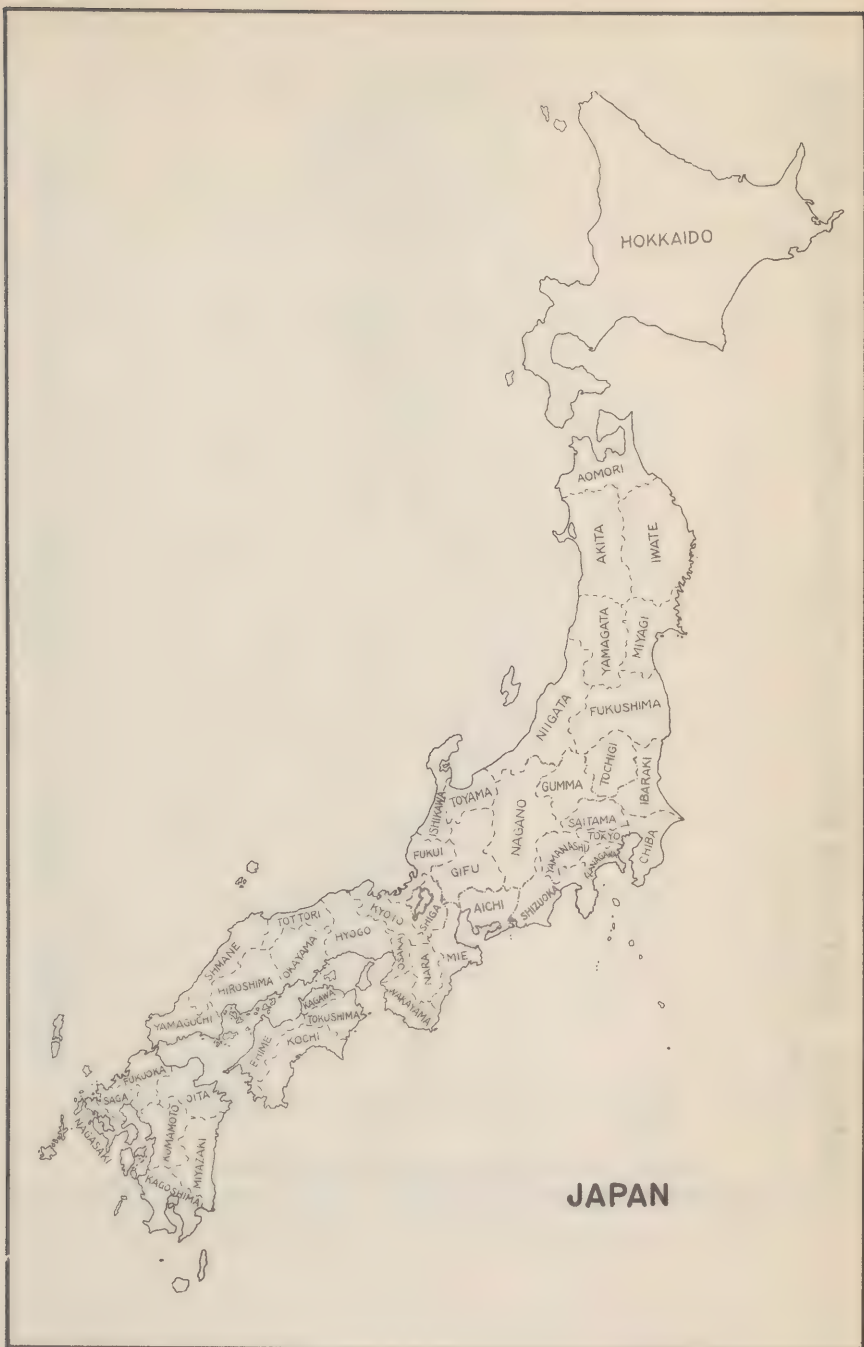
Source: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.

TABLE 56. - LIVE BIRTHS, DEATHS AND INFANT DEATHS OF JAPANESE NATIONALS
OUTSIDE JAPAN BY MONTH: 1950

Month	Live Births	Deaths	^{1/} Infant Deaths
Total	4,319	13,984	375
Jan	302	921	22
Feb	392	1,453	29
Mar	547	1,427	58
Apr	431	1,254	31
May	390	1,373	34
Jun	381	1,257	30
Jul	424	1,315	36
Aug	355	1,050	32
Sep	331	1,182	31
Oct	250	961	19
Nov	238	925	21
Dec	278	866	32

^{1/}Deaths under one year of age.

Source: Monthly Vital Statistics Schedule Reports, Ministry of Welfare.



(A-1)

Chart A-1

BIRTH AND DEATH RATES: JAPAN, 1875-1950

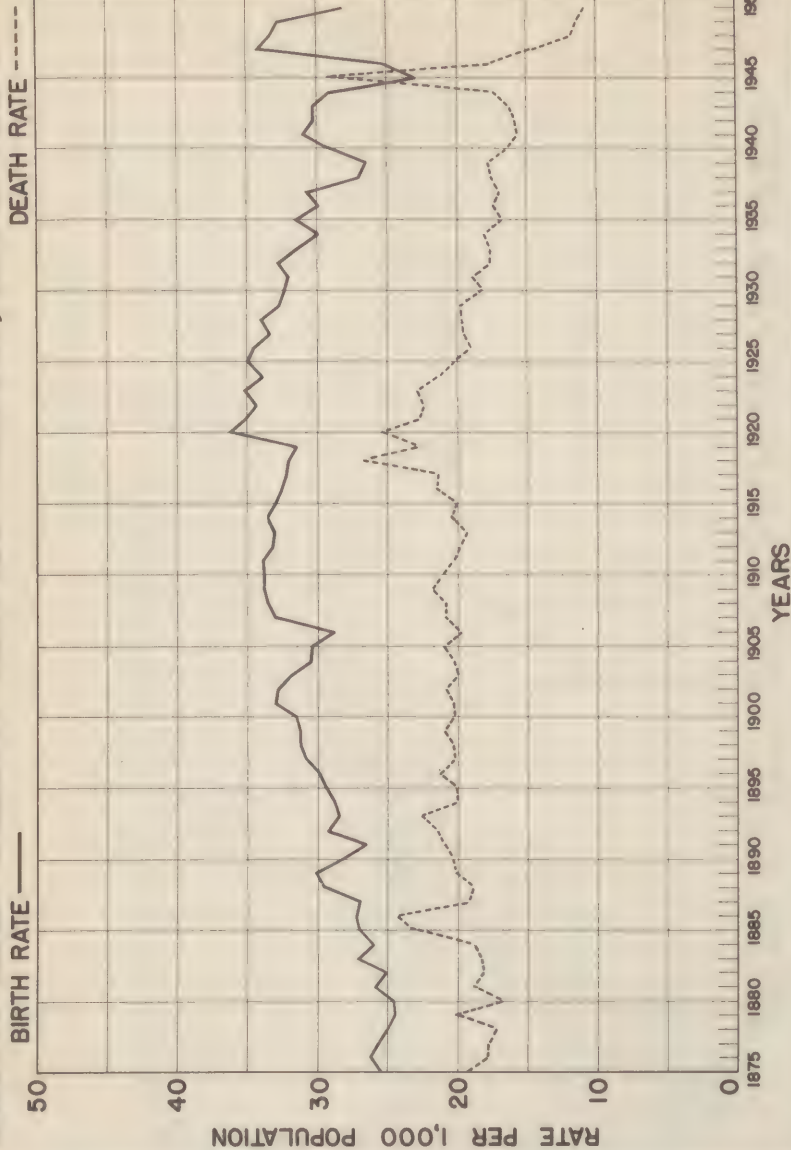


Chart A-2

BIRTH RATES BY MONTH: JAPAN, 1950

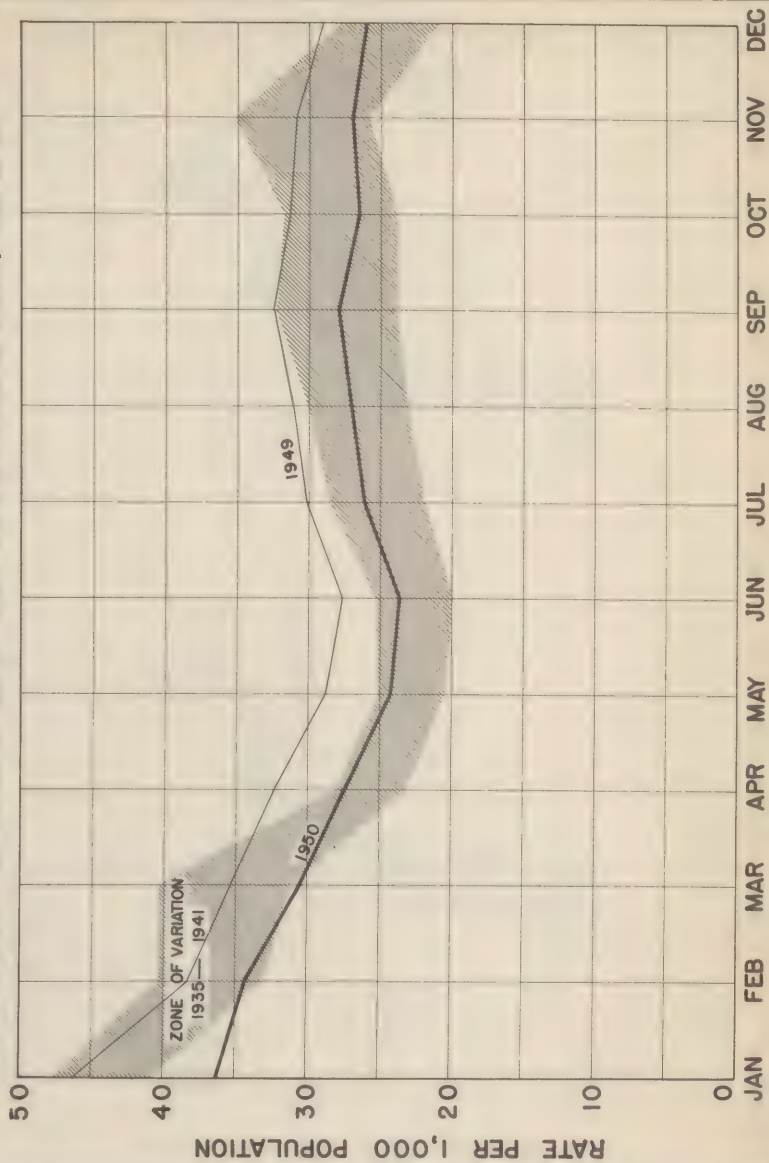
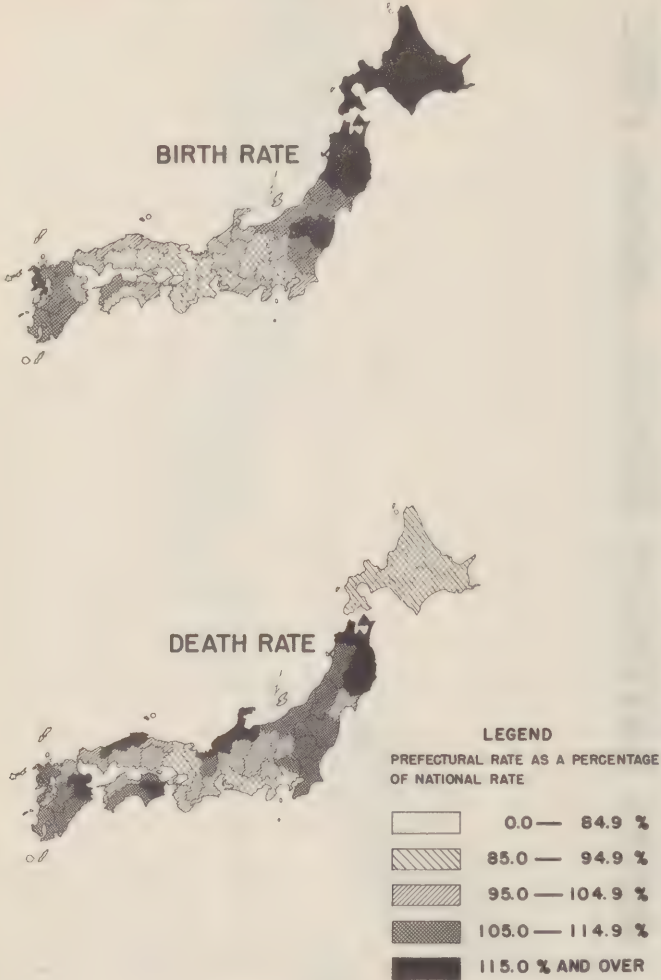


Chart A-3

BIRTH AND DEATH RATES BY PREFECTURE
JAPAN, 1950



(A-4) PH&W/HS CHART NO.B-339 6-3-1951

Chart A-4

DEATH RATES BY MONTH: JAPAN, 1950

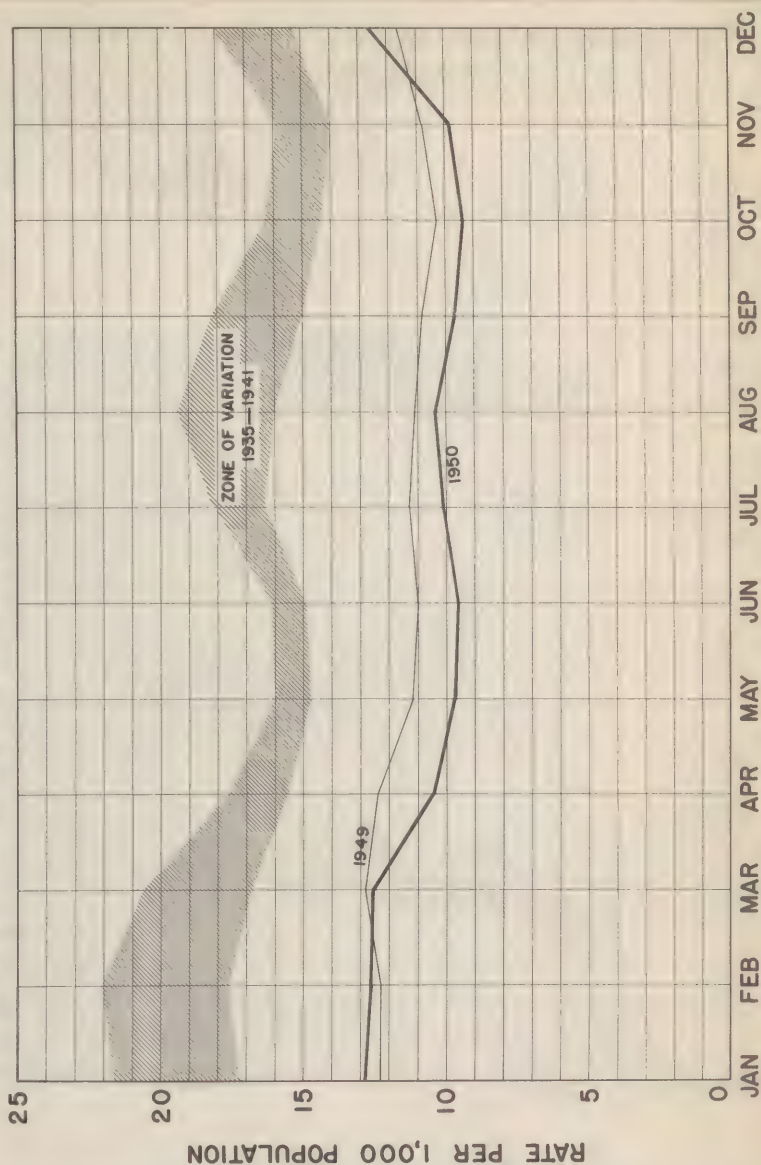
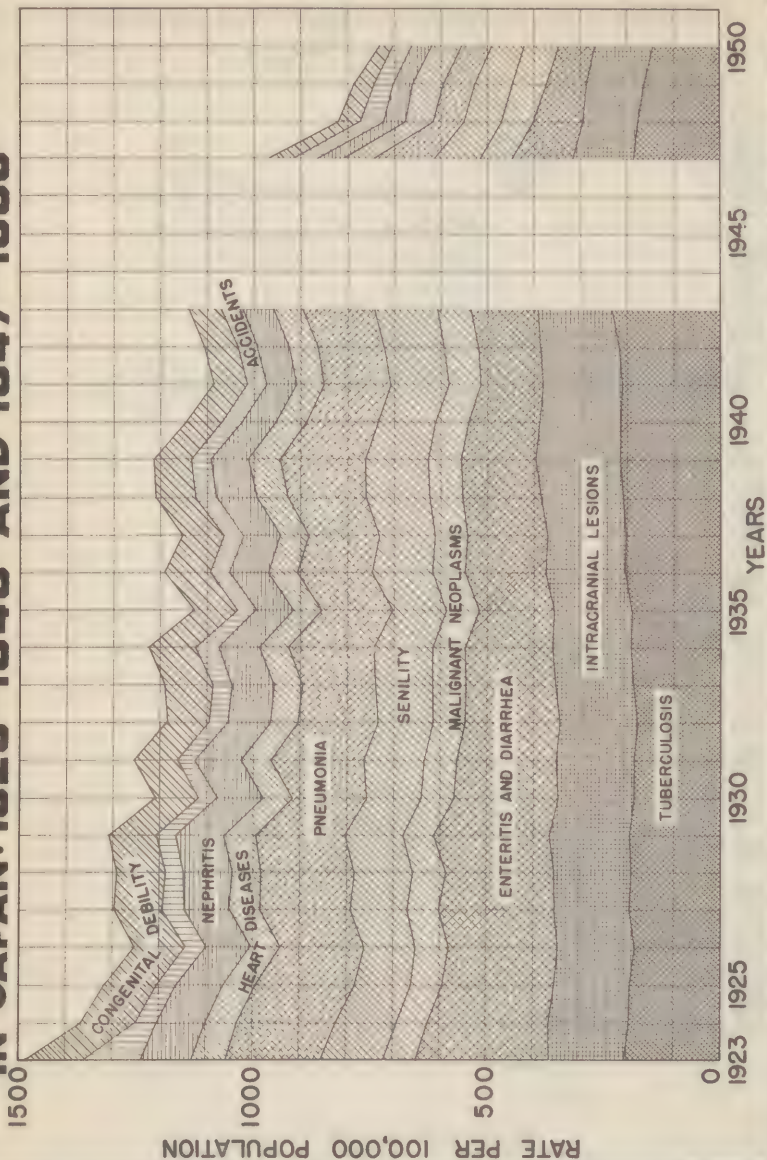
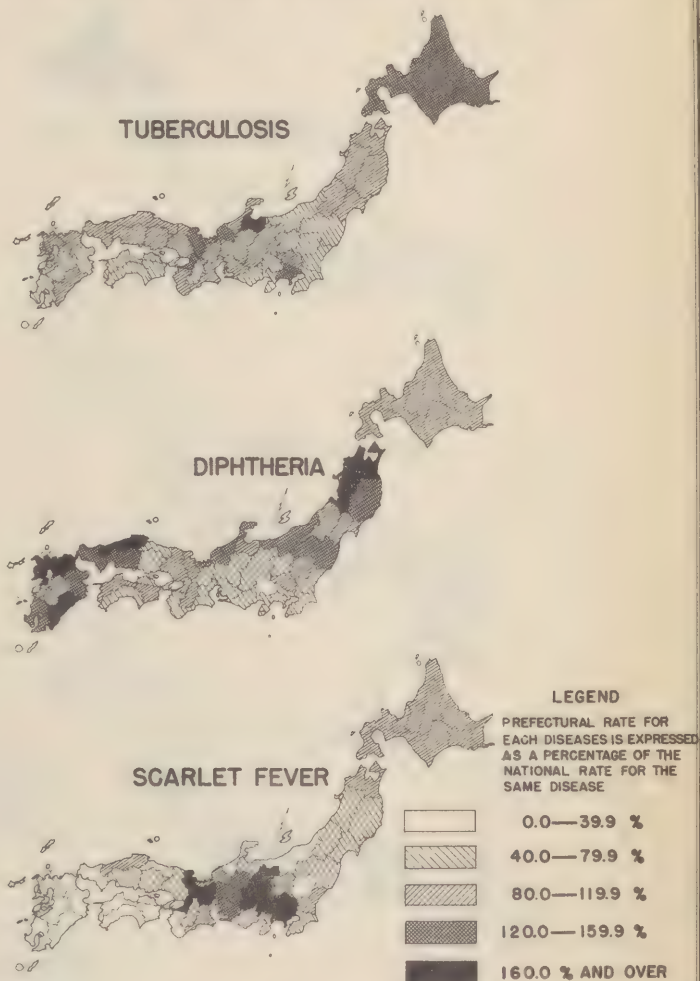


Chart A-5

DEATH RATES FOR 10 LEADING CAUSES OF DEATH IN JAPAN: 1923-1943 AND 1947-1950

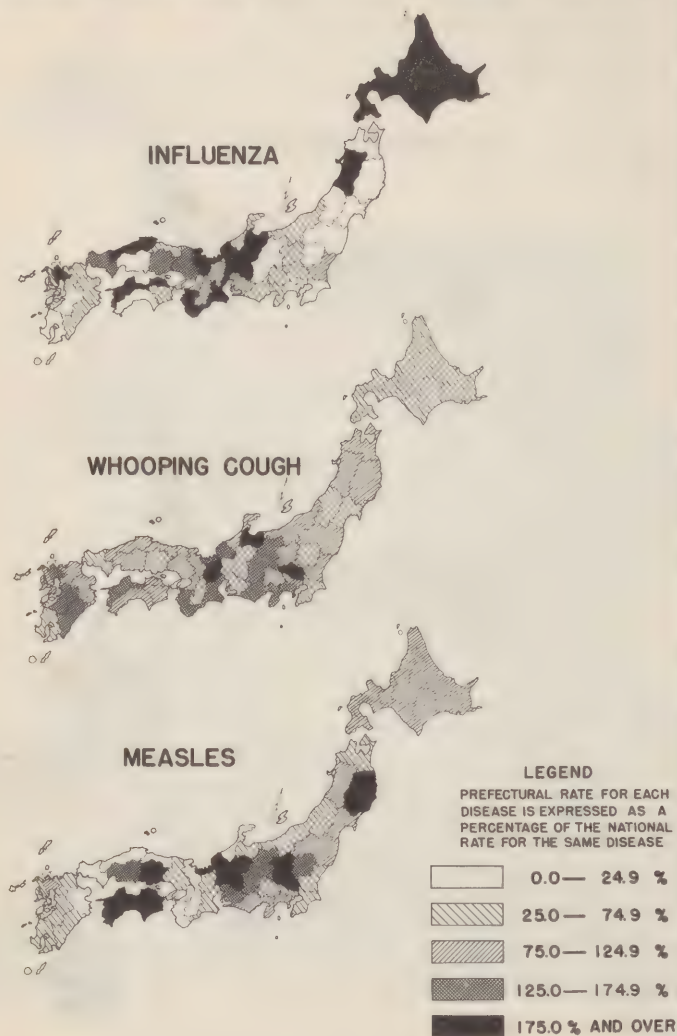


TUBERCULOSIS, DIPHTHERIA AND SCARLET FEVER CASE RATES BY PREFECTURE, JAPAN 1950



(A-7) PH&W/HS CHART NO. B-342 7-3-1951

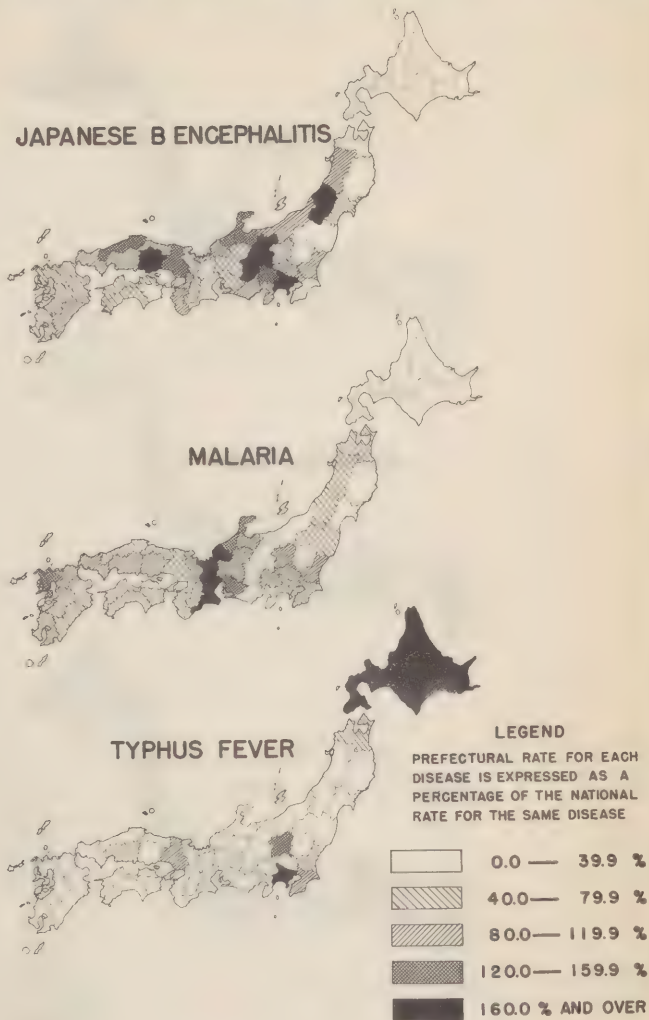
INFLUENZA, WHOOPING COUGH AND MEASLES CASE RATES BY PREFECTURE, JAPAN 1950



(A-8) PH&W/HS CHART NO.8-343 8-3-1951

Chart A-8

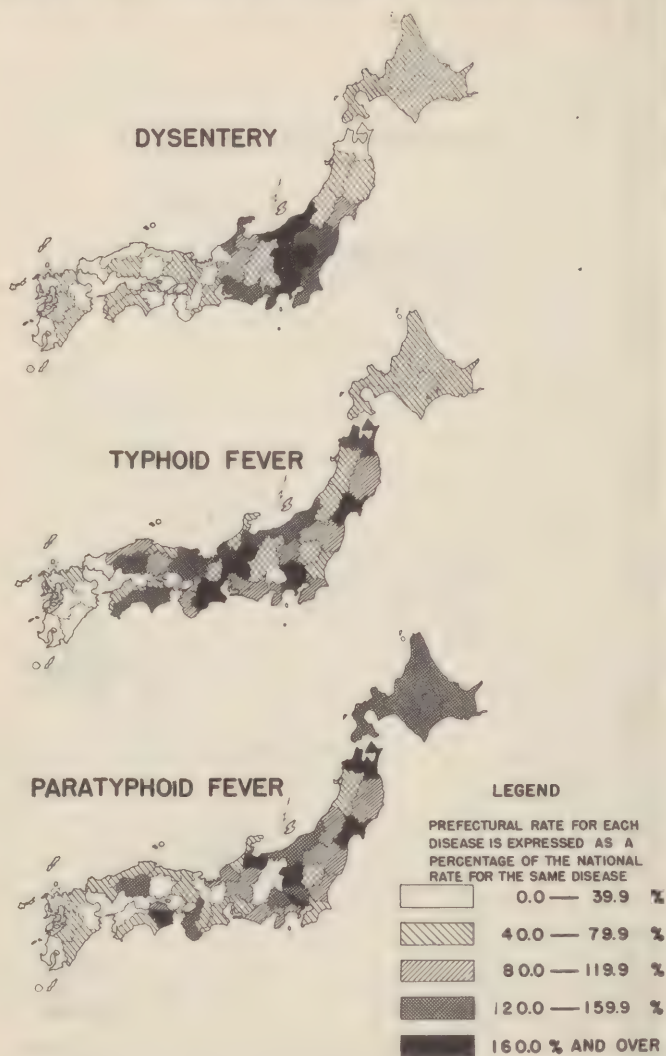
JAPANESE "B" ENCEPHALITIS, MALARIA AND TYPHUS FEVER CASE RATES BY PREFECTURE, JAPAN 1950



(A-9) PH&W/HS CHART NO.8-344 7-3-1951

Chart A-9

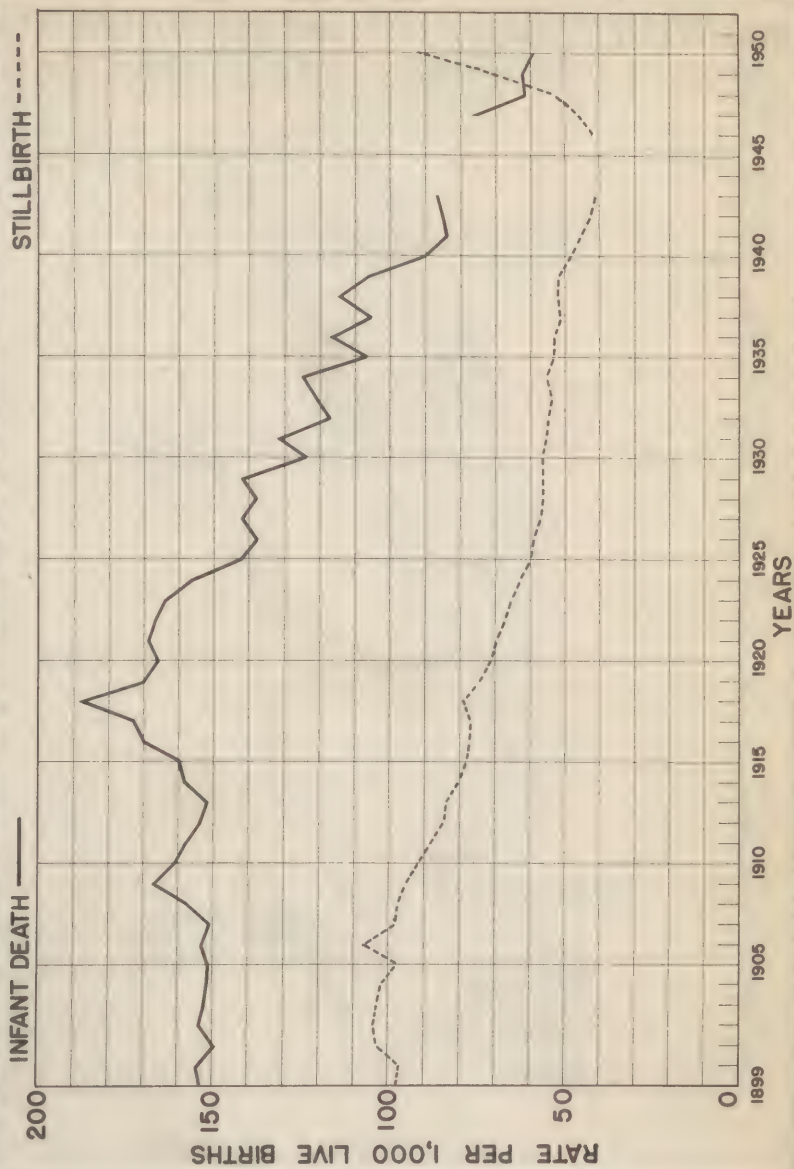
DYSENTERY, TYPHOID FEVER AND PARATYPHOID FEVER CASE RATES BY PREFECTURE, JAPAN 1950



(A-10) PH&W/HS CHART NO.8-345 8-3-1951

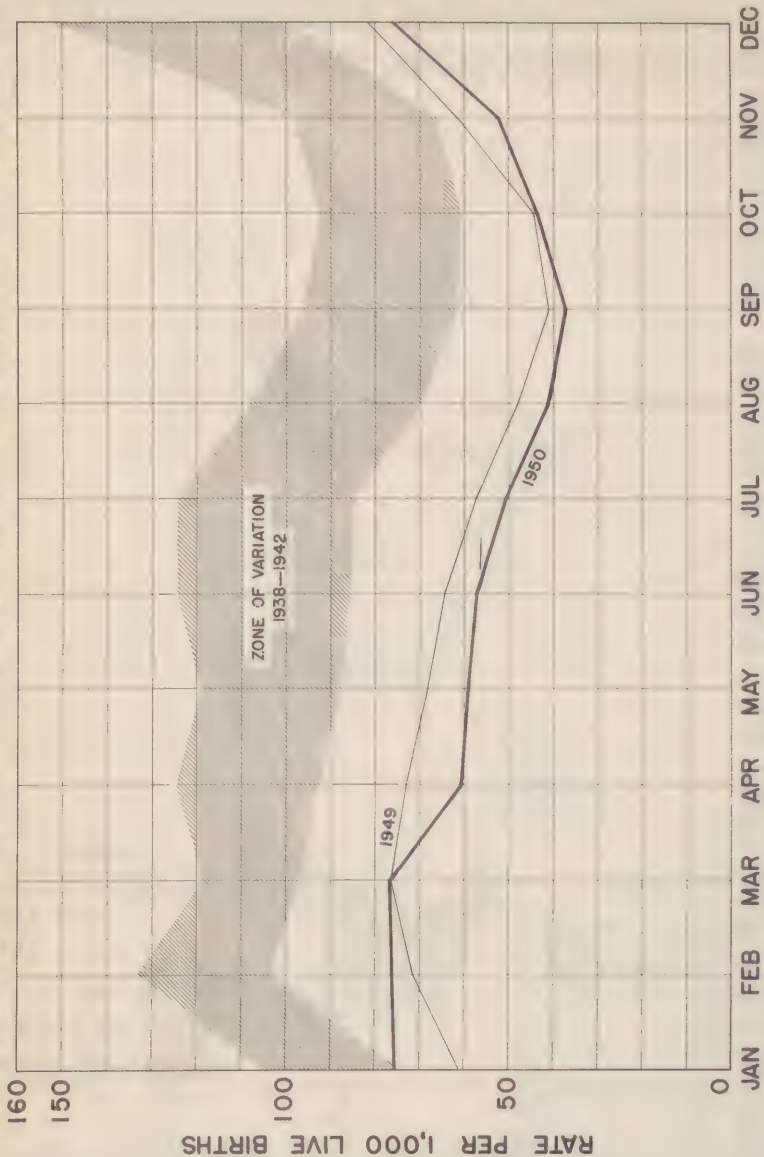
Chart A-10

INFANT DEATH AND STILLBIRTH RATES: JAPAN, 1899-1950



(A-11) PH&W/HS CHART NO. 8-347 8-3-1951

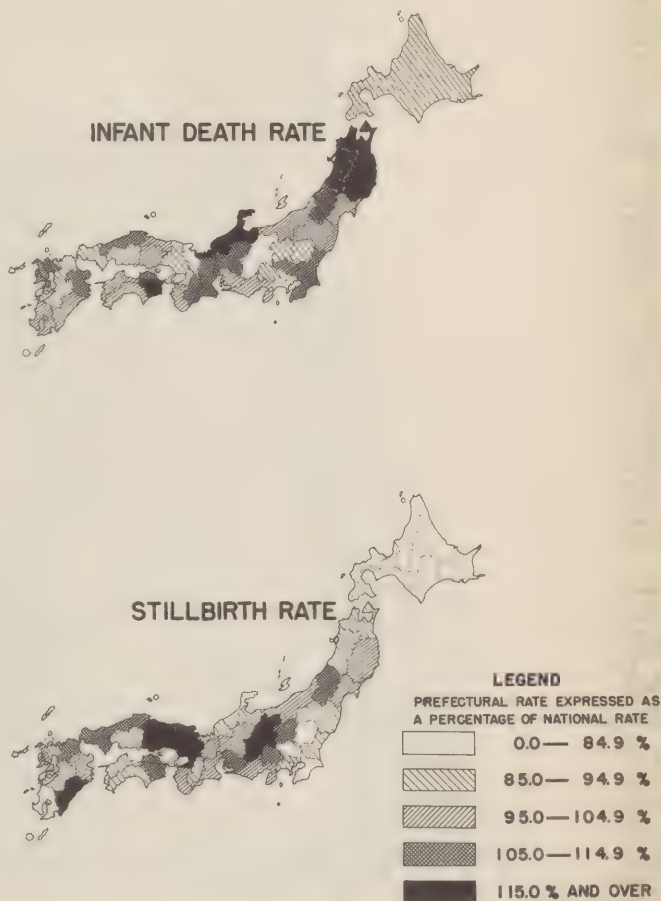
INFANT DEATH RATES BY MONTH: JAPAN, 1950



(A-12) PH&W/HS CHART NO. 8-336 3-3-1951

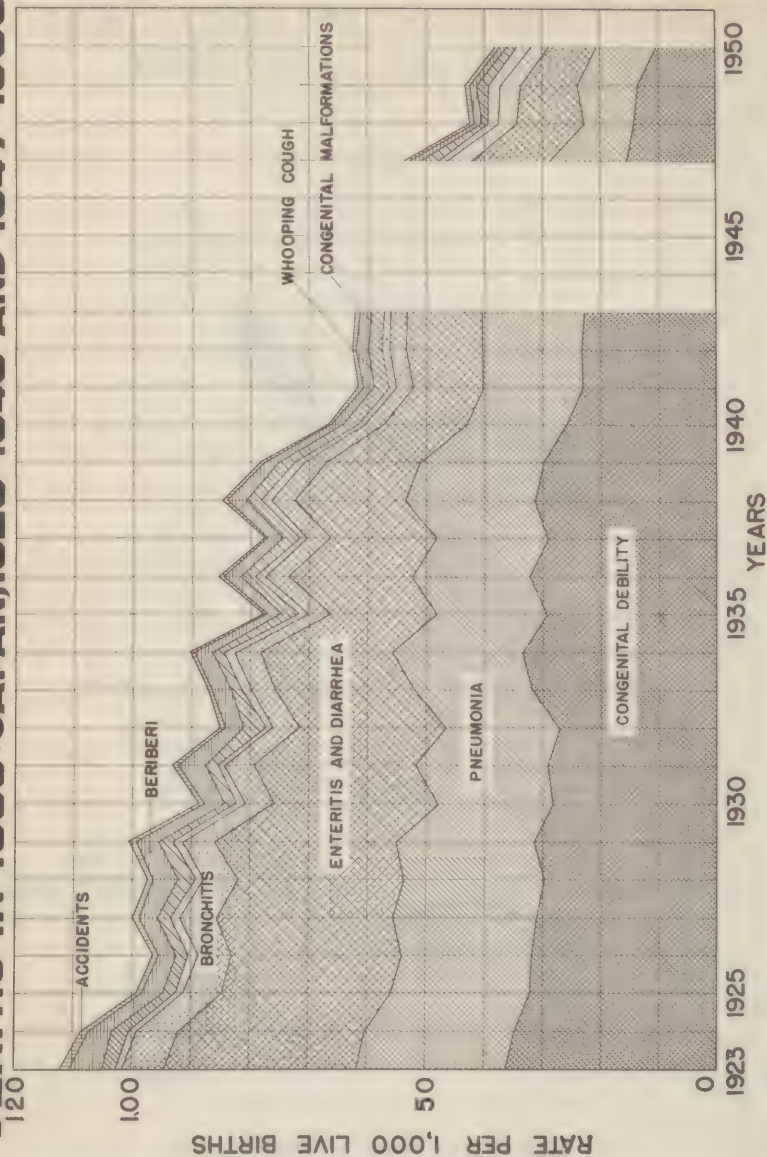
Chart A-12

INFANT DEATH AND STILLBIRTH RATES BY PREFECTURE, JAPAN 1950



(A-13) PH&W/HS CHART NO.8-340 6-3-1951

DEATH RATES FOR 8 LEADING CAUSES OF INFANT DEATHS IN 1950: JAPAN, 1923-1943 AND 1947-1950



(A-14) PH&W/HS CHART NO.8-350 9-3-1951

Chart A-14

STILLBIRTH RATES BY MONTH: JAPAN, 1950

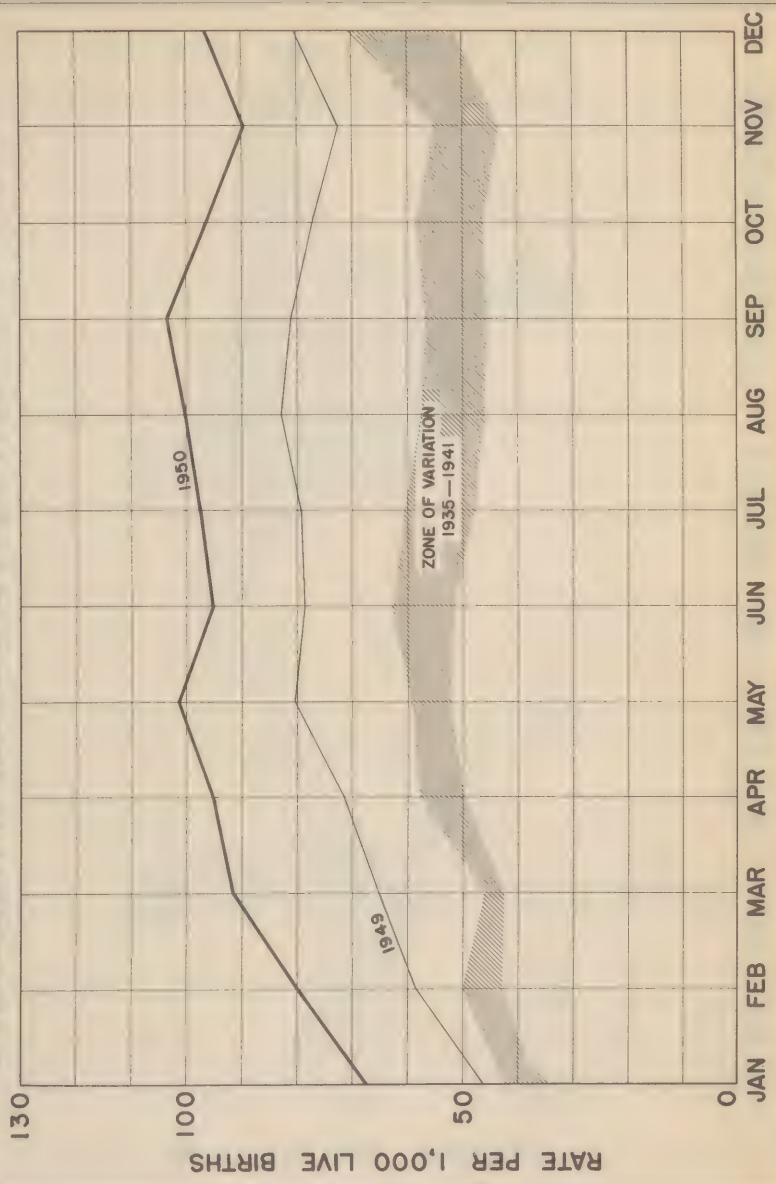
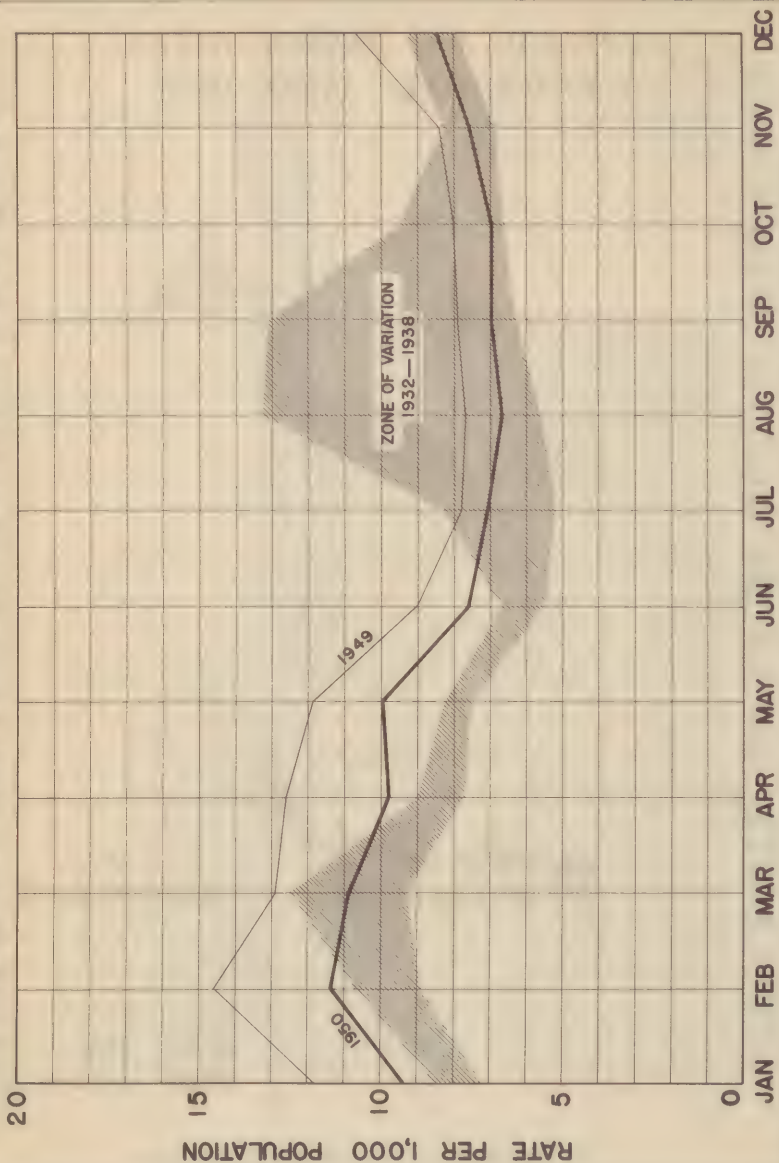


Chart A-15

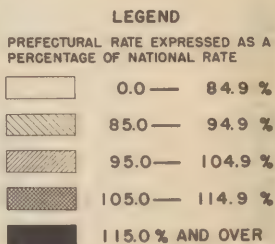
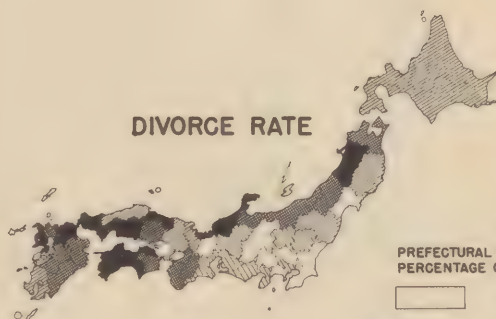
MARRIAGE RATES BY MONTH: JAPAN, 1950



(A-16) PH & W/HS CHART NO. B-316 7-12-1950

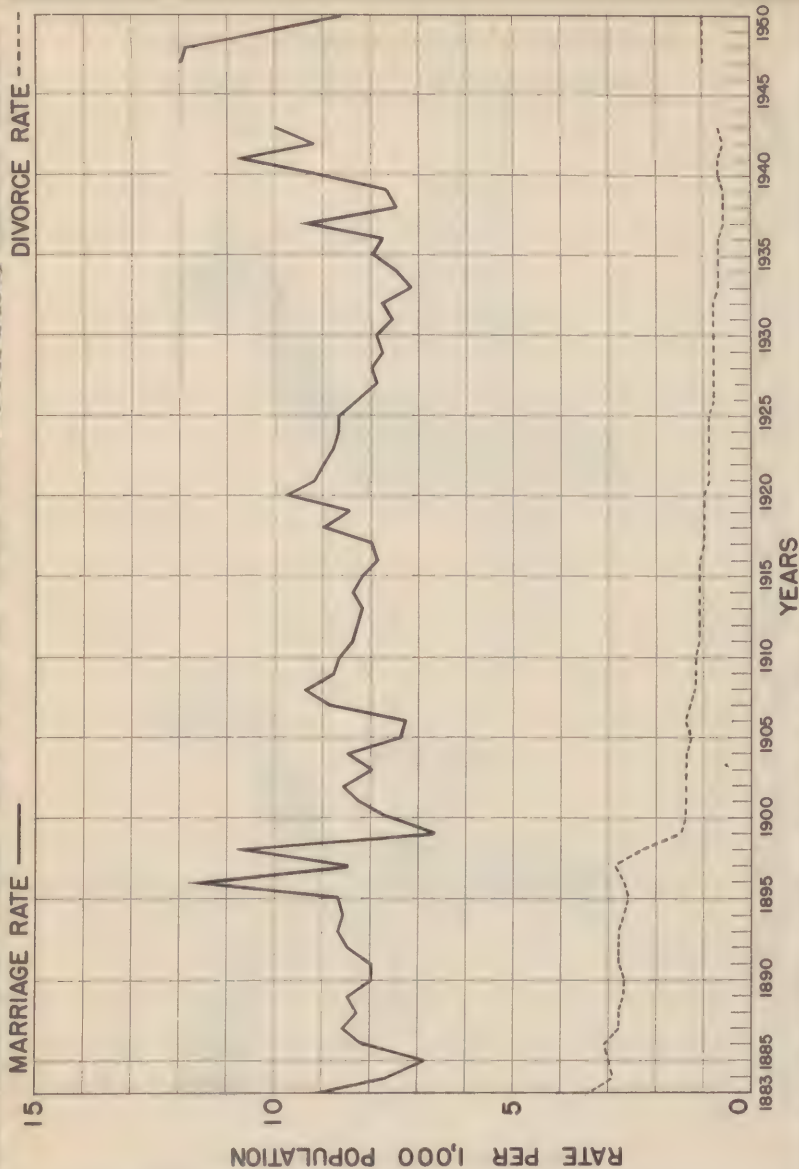
Chart A-16

MARRIAGE AND DIVORCE RATES BY PREFECTURE, JAPAN 1950



(A-17) PH&W/HS CHART NO.8-341 6-3-1951

MARRIAGE AND DIVORCE RATES: JAPAN, 1883-1950



(A-18) PH 8 W/HS CHART NO. 8-348 8-3-1951

Chart A-18

DIVORCE RATES BY MONTH: JAPAN, 1950

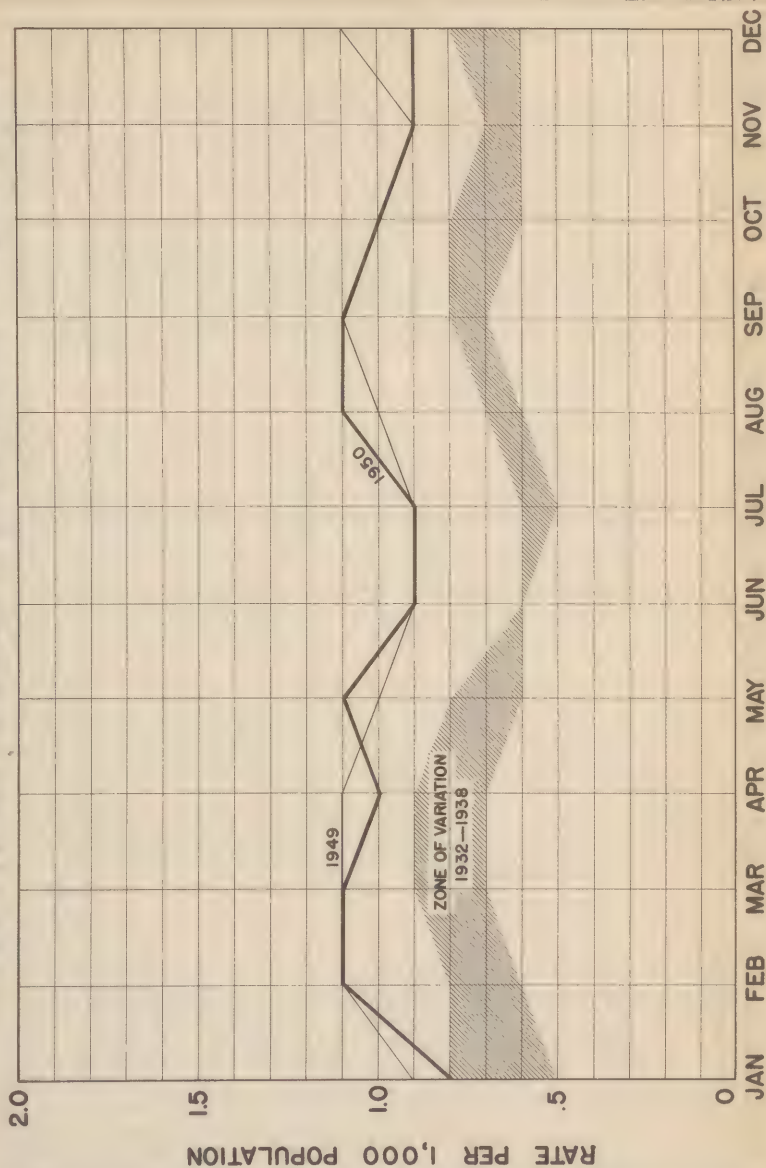


Chart A-19

Public Health and Welfare in Japan - 1950

ALPHABETICAL INDEX BY SUBJECT TO STATISTICAL TABLES

	<u>Table</u>	<u>Page</u>
ACCIDENTS AND POISONINGS (E800-E962)		
Numbers		
Deaths by month, 1949-1950.....	9	179
Deaths by year, 1949-1950 (10 leading causes of death).....	11	209
Deaths by year by prefecture, 1949-1950.....	10	205
Infant deaths by month, 1948-1950.....	19	270
Infant deaths by shi and gun, 1950.....	39	333
Infant deaths by year, 1948-1950 (10 leading causes of infant death).....	20	272
Infant deaths by year by prefecture, 1950.....	39	333
Rank		
Rank order in 10 leading causes of death, 1949-1950	11	209
Rates		
Death rates by month, 1949-1950.....	9	179
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209
Death rates by year by prefecture, 1949-1950.....	10	205
Infant death rates by month, 1948-1950.....	19	270
Infant death rates by shi and gun, 1950.....	39	333
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950.....	39	333
AMEBIASIS (046)		
Numbers		
Cases by year by prefecture, 1950.....	36	306
Deaths by year by prefecture, 1949-1950.....	10	185
Deaths by year by prefecture, 1950.....	36	306
Rates		
Case rates by year by prefecture, 1950.....	36	306
Death rates by year by prefecture, 1949-1950.....	10	185
Death rate by year by prefecture, 1950.....	36	306
ANTHRAX (062)		
Numbers		
Cases by month, 1947-1950.....	15	219
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	241
Cases by year by prefecture, 1950.....	36	318
Deaths by month, 1949-1950.....	9	180
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	208
Deaths by year by prefecture, 1950.....	36	318
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture 1950.....	39	334
Rates		
Case rates by month, 1947-1950.....	15	219
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	241
Case rates by year by prefecture, 1950.....	36	318
Death rates by month, 1949-1950.....	9	180
Death rate by year, 1950.....	35	300

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Death rates by year by prefecture, 1949-1950.....	10	208
Death rates by year by prefecture, 1950.....	36	318
Infant death rates by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant death rates by year by prefecture, 1950...	39	334
APPENDICITIS (550-553)		
Number		
Deaths by month, 1949-1950.....	9	176
Deaths by year by prefecture, 1949-1950.....	10	199
Rates		
Death rates by month, 1949-1950.....	9	176
Death rates by year by prefecture.....	10	199
BED CAPACITY, HOSPITALS		
See Hospitals		
BED OCCUPANCY, HOSPITALS		
See Hospitals		
BERIBERI (280)		
Numbers		
Deaths by month, 1949-1950.....	9	173
Deaths by year by prefecture, 1949-1950.....	10	194
Infant deaths by month, 1948-1950.....	19	266
Infant deaths by shi and gun, 1950.....	39	328
Infant deaths by year, 1948-1950 (10 leading causes of infant death).....	20	272
Infant deaths by year by prefecture, 1950.....	39	328
Rates		
Death rates by month, 1949-1950.....	9	173
Death rates by year by prefecture, 1949-1950.....	10	194
Infant death rates by month, 1948-1950.....	19	266
Infant death rates by shi and gun 1950.....	39	328
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950...	39	328
BIRTH INJURIES (760-761)		
Numbers		
Deaths by month, 1949-1950.....	9	177
Deaths by year by prefecture, 1949-1950.....	10	202
Infant deaths by month, 1948-1950.....	19	268
Infant deaths by shi and gun, 1950.....	39	331
Infant deaths by year by prefecture, 1950.....	39	331
Rates		
Death rates by month, 1949-1950.....	9	177
Death rates by year by prefecture, 1949-1950.....	10	202
Infant death rates by month, 1948-1950.....	19	260
Infant death rates by shi and gun, 1950.....	39	331
Infant death rates by year by prefecture, 1950...	39	331
BIRTHS, LIVE		
Numbers		
By month, 1948-1950.....	5	162
By month, Japanese nationals outside Japan, 1950.	56	382
By month, Non-Japanese nationals in Japan, 1950..	55	382

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
By month by prefecture, 1950.....	30	289
By shi and gun, 1950.....	28	287
By shi and gun by month, 1950.....	30	289
By year, 1948-1950.....	3	161
By year, 1948-1950 (Maternal death table).....	14	213
By year by prefecture, 1948-1950.....	6	163
By year by prefecture, 1950.....	28	287
Rates		
By month, 1948-1950.....	5	162
By month by prefecture, 1950.....	31	291
By shi and gun, 1950.....	29	288
By shi and gun by month, 1950.....	31	291
By year, 1948-1950.....	4	161
By year by prefecture, 1948-1950.....	6	163
By year by prefecture, 1950.....	29	288
BIRTH, PREMATURE		
Numbers		
Deaths by month, 1949-1950.....	9	178
Deaths by year by prefecture, 1949-1950.....	10	203
Infant deaths by month, 1948-1950.....	19	269
Infant deaths by shi and gun, 1950.....	39	331
Infant deaths by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	331
Rates		
Death rates by month, 1949-1950.....	9	178
Death rates by year by prefecture, 1949-1950.....	10	203
Infant death rates by month, 1948-1950.....	19	269
Infant death rates by shi and gun, 1950.....	39	331
Infant death rates by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	331
BIRTHS, STILL		
See Stillbirths		
BRONCHITIS AND BRONCHIECTASIS (500-502, 526)		
Numbers		
Deaths by month, 1949-1950.....	9	175
Deaths by year by prefecture, 1949-1950.....	10	197
Infant deaths by shi and gun, 1950.....	39	330
Infant deaths by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	330
Rates		
Death rates by month, 1949-1950.....	9	175
Death rates by year by prefecture, 1949-1950.....	10	197
Infant death rates by month, 1948-1950.....	19	267
Infant death rates by shi and gun, 1950.....	39	330
Infant death rates by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950....	39	330
CANCER		
See Malignant Neoplasms		

CASE LOAD, HOSPITALS

See Hospitals

CEREBRAL EMBOLISM, HEMORRHAGE, OR THROMBOSIS

See Vascular Lesions Affecting the Central Nervous System

CEREBROSPINAL (Meningococcus) Meningitis

See Meningococcal Infections

CHANCROID (036)

Numbers

Cases by month, 1947-1950.....	15	215
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	230
Cases by year by prefecture, 1950.....	36	303

Rates

Case rates by month, 1947-1950.....	15	215
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	230
Case rates by year by prefecture, 1950.....	36	303

CHILDBIRTH, HEMORRHAGE OF

See Maternal Deaths - Hemorrhages of Childbirth and Puerperium

CHILDBIRTH, TOXEMIAS DURING

See Maternal Deaths - Puerperal Toxemias

CHOLERA (043)

Numbers

Cases by month, 1947-1950.....	15	226
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	259
Cases by year by prefecture, 1950.....	36	318
Deaths by month, 1949-1950.....	9	180
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	208
Deaths by year by prefecture, 1950.....	36	318
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture, 1950.....	39	334

Rates

Case rates by month, 1947-1950.....	15	226
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	259
Case rates by year by prefecture, 1950.....	36	318
Death rates by month, 1949-1950.....	9	180
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	208
Death rates by year by prefecture, 1950.....	36	318
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun 1950.....	39	334
Infant death rates by year by prefecture, 1950.....	39	334

CONGENITAL DEBILITY (772.0, 773a)

Numbers

Deaths by month, 1949-1950.....	9	178
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Public Health and Welfare in Japan - 1950

	Table	Page
Deaths by year, 1949-1950 (10 leading causes of death)	11	209
Deaths by year by prefecture, 1949-1950.....	10	203
Infant deaths by month, 1948-1950.....	19	269
Infant deaths by shi and gun, 1950.....	39	332
Infant deaths by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	332

CONGENITAL DEBILITY (772.0, 773a) (Cont'd)

Rank		
Rank order in 10 leading causes of death, 1949-1950	11	209
Rates		
Death rates by month, 1949-1950.....	9	178
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209
Death rates by year by prefecture, 1949-1950.....	10	203
Infant death rates by shi and gun, 1950.....	39	332
Infant death rates by month, 1948-1950.....	19	269
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950.....	39	332

CONGENITAL MALFORMATIONS (750-759)

Numbers		
Deaths by month, 1949-1950.....	9	177
Deaths by year by prefecture, 1949-1950.....	10	202
Infant deaths by month, 1948-1950.....	19	268
Infant deaths by shi and gun, 1950.....	39	330
Infant deaths by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	330
Rates		
Death rates by month, 1949-1950.....	9	177
Death rates by year by prefecture, 1949-1950.....	10	202
Infant death rates by month, 1948-1950.....	19	268
Infant death rates by shi and gun, 1950.....	39	330
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	330

CONSUMPTION, FOOD

See Nutrition

CONVULSIONS AND TETANY (780.2, 788.5)

Numbers		
Infant deaths by month, 1948-1950.....	19	270
Infant deaths by shi and gun, 1950.....	39	332
Infant deaths by year by prefecture, 1950.....	39	332
Rates		
Infant death rates by month, 1948-1950.....	19	270
Infant death rates by shi and gun, 1950.....	39	332
Infant death rates by year by prefecture, 1950.....	39	332

DEATHS

Numbers		
All causes by age, 1949-1950.....	12	211
All causes by month, 1949-1950.....	7	165

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
All causes by month, Japanese nationals outside Japan, 1950.....	56	382
All causes by month, non-Japanese nationals in Japan, 1950.....	55	382
All causes by month by prefecture, 1950.....	32	293
All causes by shi and gun, 1950.....	28	287
All causes by shi and gun by month, 1950.....	32	293
All causes by year, 1948-1950.....	3	161
All causes by year by prefecture, 1949-1950.....	8	166
All causes by year by prefecture, 1950.....	28	287
Ten leading causes by year, 1949-1950.....	11	209
Specific causes, see under name of specific cause:		
DEATHS, ACCIDENTAL		
See Accidents and Poisonings		
DEATHS, CAUSE UNKNOWN		
See Deaths from Ill-Defined Conditions, Unknown and Unspecified Causes, Sudden Death and Found Dead		
DEATHS FROM ILL-DEFINED CONDITIONS, UNKNOWN AND UNSPECIFIED CAUSES, SUDDEN DEATH AND FOUND DEAD (780.0-780.1, 780.6-780.8, 781.9, 782.3-782.6, 782.9, 783.2-783.7, 784.0, 784.3, 784.4, 784.6-784.8, 785.0, 785.3-785.5, 785.9, 788.0-788.4, 788.8-788.9, 790-791, 793, 795X, 795.1-795.5)		
Numbers		
Deaths by month, 1949-1950.....	9	178
Deaths by year by prefecture, 1949-1950.....	10	204
Infant deaths by month, 1948-1950.....	19	270
Infant deaths by shi and gun, 1950.....	39	332
Infant deaths by year by prefecture, 1950.....	39	332
Rates		
Death rates by month, 1949-1950.....	9	178
Death rates by year by prefecture, 1949-1950.....	10	204
Infant death rates by month, 1948-1950.....	19	270
Infant death rates by shi and gun, 1950.....	39	332
Infant death rates by year by prefecture, 1950...	39	332
DEATHS, INFANT		
See Infant Deaths		
DEATHS, MATERNAL		
See Maternal Deaths		
DEATH, SUDDEN		
See Deaths from Ill-Defined Conditions, Unknown and Unspecified Causes, Sudden Death and Found Dead		
DEATH, TEN LEADING CAUSES		
See Ten Leading Causes of Death		
Ten Leading Causes of Infant Deaths		
DEBILITY, CONGENITAL		
See Congenital Debility		
DEFICIENCY SYMPTOMS ACCORDING TO NUTRITION SURVEY		
See Nutrition		

Public Health and Welfare in Japan - 1950

	Table	Page
DELIVERIES AND COMPLICATIONS OF PREGNANCY, CHILDBIRTH AND THE PUERPERIUM		
See Maternal Deaths		
DENGUE FEVER (090)		
Numbers		
Cases by month, 1948-1950.....	15	221
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	247
Cases by year by prefecture, 1950.....	36	312
Rates		
Case rates by month, 1948-1950.....	15	221
Case rates by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	247
Case rates by year by prefecture, 1950.....	36	312
DIABETES MELLITUS (260)		
Numbers		
Deaths by month, 1949-1950.....	9	173
Deaths by year by prefecture, 1949-1950.....	10	194
Rates		
Death rates by month, 1949-1950.....	9	173
Death rates by year by prefecture, 1949-1950.....	10	194
DIARRHEA		
See Enteritis and Colitis, Ulceration of the Intestines and Diarrhea		
DIARRHEA, INFECTIOUS (571, 572, 764)		
Numbers		
Cases by month, 1948-1950.....	15	225
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1949-1950.....	16	257
Cases by year by prefecture, 1950.....	36	317
Rates		
Case rates by month, 1948-1950.....	15	225
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1949-1950.....	16	257
Case rates by year by prefecture, 1950.....	36	317
DIPHTHERIA (055)		
Numbers		
Cases by month, 1947-1950.....	15	217
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	236
Cases by year by prefecture, 1950.....	36	307
Deaths by month, 1949-1950.....	9	169
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950	10	186
Infant deaths by month, 1948-1950.....	19	264
Infant deaths by shi and gun, 1950	39	326
Infant deaths by year by prefecture, 1950.....	39	326
Rates		
Case rates by month, 1947-1950.....	15	217
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	236
Case rates by year by prefecture, 1950.....	36	307
Death rates by month, 1949-1950.....	9	169

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Death rates by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	186
Infant death rates by month, 1948-1950.....	19	264
Infant death rates by year by prefecture, 1948-50..	39	326
Infant death rates by shi and gun, 1950.....	39	326

DISEASES OF THE HEART

See Heart Diseases

DISEASES, OTHER, PECULIAR TO EARLY INFANCY (762.0, 766.0, 767.0, 768.0, 769.0-769.4, 770.0-770.2, 771.0, 773b, 785.2)

Numbers

Infant deaths by month, 1948-1950.....	19	269
Infant deaths by shi and gun, 1950.....	39	331
Infant deaths by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	331

Rates

Infant death rates by month, 1948-1950.....	19	269
Infant death rates by shi, and gun, 1950.....	39	331
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950.....	39	331

DIVORCES

Numbers

By month, 1948-1950.....	25	279
By month, Japanese nationals outside Japan, 1950..	56	382
By month, non-Japanese nationals in Japan, 1950...	55	382
By month by prefecture, 1950.....	44	343
By shi and gun 1950.....	28	287
By shi and gun by month, 1950.....	44	343
By year, 1948-1950.....	3	161
By year by prefecture, 1948-1950.....	26	280
By year by prefecture, 1950.....	28	287

Rates

By month, 1948-1950.....	25	279
By month by prefecture, 1950.....	45	345
By shi and gun, 1950.....	29	288
By shi and gun by month, 1950.....	45	345
By year, 1948-1950.....	4	161
By year by prefecture, 1948-1950.....	26	280
By year by prefecture, 1950.....	29	288

DYSENTERY, ALL FORMS (045-048)

Numbers

Cases by month, 1947-1949.....	15	216
Cases by year, 1950.....	35	300
Cases by year, by prefecture, 1948-1950.....	16	234
Cases by year by prefecture, 1950.....	36	305
Deaths by month, 1949-1950.....	9	169
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	184
Deaths by year by prefecture, 1950.....	36	305
Infant deaths by month, 1948-1950.....	19	262
Infant deaths by shi and gun, 1950.....	39	325
Infant deaths by year by prefecture, 1950.....	39	325

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Rates		
Case rates by month, 1947-1950.....	15	216
Case rate by year, 1950.....	35	300
Case rate by year by prefecture, 1948-1950.....	16	234
Case rate by year by prefecture, 1950.....	36	305
Death rates by month, 1949-1950.....	9	169
Death rate, by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	184
Death rates by year by prefecture, 1950.....	36	305
Infant death rates by month, 1948-1950.....	19	262
Infant death rates by shi and gun, 1950.....	39	325
Infant death rates by year by prefecture, 1950.....	39	325
DYSENTERY, AMEBIC		
See Amebiasis		
DYSENTERY, BACILLARY (046)		
Numbers		
Cases by year by prefecture, 1950.....	36	306
Deaths by year by prefecture, 1949-1950.....	10	184
Deaths by year by prefecture, 1950.....	36	306
Rates		
Case rates by year by prefecture, 1950.....	36	306
Death rates by year by prefecture, 1949-1950.....	10	184
Death rates by year by prefecture, 1950.....	36	306
EMPHYEMA AND PLEURISY (518-519)		
Numbers		
Deaths by month, 1949-1950.....	9	175
Deaths by year by prefecture, 1949-1950.....	10	198
Rates		
Death rates by month, 1949-1950.....	9	175
Death rates by year by prefecture, 1949-1950.....	10	198
ENCEPHALITIS, JAPANESE "B" (082a)		
Numbers		
Cases by month, 1947-1950.....	15	220
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	244
Cases by year by prefecture, 1950.....	36	310
Deaths by month, 1949-1950.....	9	171
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	189
Deaths by year by prefecture, 1950.....	36	310
Infant deaths by month, 1948-1950.....	19	265
Infant deaths by shi and gun, 1950.....	39	327
Infant deaths by year by prefecture, 1950.....	39	327
Rates		
Case rates by month, 1947-1950.....	15	220
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	244
Case rates by year by prefecture, 1950.....	36	310
Death rates by month, 1949-1950.....	9	171
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	189
Death rates by year by prefecture, 1950.....	36	310
Infant death rates by month, 1948-1950.....	19	265
Infant death rates by shi and gun, 1950.....	39	327

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Infant death rates by year by prefecture, 1950....	39	327
ENTERITIS AND COLITIS ULCERATION OF THE INTESTINES, AND DIARRHEA, ALL AGES (571, 572, 578a, 578b, 764, 785.6)		
Numbers.....		
Deaths by month, 1949-1950.....	9	176
Deaths by year by prefecture, 1949-1950.....	10	199
Deaths by year by prefecture, 1949-1950 (10 leading causes of death).....	11	209
Rank		
Rank order among 10 leading causes of death.....	11	209
Rates		
Death rates by month, 1949-1950.....	9	176
Death rates by year by prefecture, 1949-1950.....	10	199
ENTERITIS AND COLITIS, ULCERATION OF THE INTESTINES, AND DIARRHEA, UNDER 2 YEARS (571, 572, 578a, 764)		
Numbers		
Deaths by month, 1949-1950.....	9	176
Deaths by year by prefecture, 1949-1950.....	10	200
Infant deaths by month, 1948-1950.....	19	268
Infant deaths by shi and gun, 1950.....	39	330
Infant deaths by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	330
Rates		
Death rates by month, 1949-1950.....	9	176
Death rates by year by prefecture, 1949-1950.....	10	200
Infant death rates by month, 1948-1950.....	19	268
Infant deaths by shi and gun, 1950.....	39	330
Infant death rates by year by prefecture, 1948- 1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950....	39	330
ERYSIPELAS (052)		
Numbers		
Infant deaths by month, 1949-1950.....	19	263
Infant deaths by shi and gun, 1950.....	39	325
Infant deaths by year by prefecture, 1950.....	39	325
Rates		
Infant death rates by month, 1949-1950.....	19	263
Infant death rates by shi and gun, 1950	39	325
Infant death rates by year by prefecture, 1950....	39	325
FILARIASIS (127)		
Numbers		
Cases by month, 1950.....	15	224
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1950.....	16	254
Cases by year by prefecture, 1950.....	36	315
Deaths by month, 1950.....	9	173
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	193
Deaths by year by prefecture, 1950.....	36	315
Rates		
Case rates by month, 1950.....	15	224
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1950.....	16	254

Public Health and Welfare in Japan - 1950

	Table	Page
Case rates by year by prefecture, 1950.....	36	315
Death rates by month, 1950.....	9	173
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	193
Death rates by year by prefecture, 1950.....	36	315

FOOD CONSUMPTION

See NUTRITION

FOUND DEAD (CAUSE UNKNOWN)

See Deaths from Ill-Defined Conditions, Unknown and Unspecified Causes, Sudden Death and Found Dead.

GLANDERS (064.2)

Numbers

Cases by month, 1948-1950.....	15	219
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	242
Cases by year by prefecture, 1950.....	36	318
Deaths by month, 1949-1950.....	9	170
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	208
Deaths by year by prefecture, 1950.....	36	318
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture, 1950.....	39	334

Rates

Case rates by month, 1948-1950.....	15	219
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	242
Case rates by year by prefecture, 1950.....	36	318
Death rates by month, 1949-1950.....	9	170
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	208
Death rates by year by prefecture, 1950.....	36	318
Infant death rates by month, 1948-50.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year by prefecture, 1950.....	39	334

GONORRHEA (030-035)

Numbers

Cases by month, 1947-1950.....	15	214
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	229
Cases by year by prefecture, 1950.....	36	303

Rates

Case rates by month, 1947-1950.....	15	214
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	229
Case rates by year by prefecture, 1950.....	36	303

HEART DISEASES (410-443, 782.0 - 782.2)

Numbers

Deaths by month, 1949-1950.....	9	174
Deaths by year, 1949-1950 (10 leading causes of death).....	11	209
Deaths by year by prefecture, 1949-1950.....	10	196

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Rank		
Rank order in 10 leading causes of death 1949-1950.	11	209
Rates		
Death rates by month, 1949-1950.....	9	174
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209
Death rates by year by prefecture, 1949-1950.....	10	196
HEIGHT		
Average body height by age, 1950.....	52	369
HEMORRHAGES OF CHILDBIRTH AND THE PUERPERIUM		
See Maternal Deaths - Hemorrhages of Childbirth and the Puerperium		
HEMORRHAGES OF PREGNANCY		
See Maternal Deaths - Hemorrhages of Pregnancy		
HOMICIDE AND INJURY PURPOSELY INFLICTED BY ANOTHER PERSON (NOT IN WAR) (E964, E980-E984)		
Numbers		
Deaths by month, 1949-1950.....	9	179
Deaths by year by prefecture, 1949-1950.....	10	206
Rates		
Death rates by month, 1949-1950.....	9	179
Death rates by year by prefecture, 1949-1950.....	10	206
HOSPITALS, LEPROSARIA		
Numbers of hospitals, total patients, in and out-patients, bed capacity and bed-occupancy ratio		
By month, 1949-1950.....	27	281
By year by prefecture, 1950.....	46	350
HOSPITALS, MENTAL		
Number of hospitals, total patients, in and out patients, bed capacity and bed occupancy ratio		
By month, 1949-1950.....	27	281
By year by prefecture, 1950.....	46	349
HOSPITALS, OTHER		
Number of hospitals, total patients, in and out patients, bed capacity and bed occupancy ratio		
By month, 1949-1950.....	27	281
By year by prefecture, 1950.....	46	351
HOSPITALS, TOTAL		
Number of hospitals, total patients, in and out patients, bed capacity and bed occupancy ratio		
By month, 1949-1950.....	27	281
By year by prefecture, 1950.....	46	347
HOSPITALS, TUBERCULOSIS		
Number of hospitals, total patients, in and out patients, bed capacity and bed occupancy ratio		
By month, 1949-1950.....	27	281
By year by prefecture, 1950.....	46	348

Public Health and Welfare in Japan - 1950

Table Page

ILL-DEFINED CAUSES OF DEATH

See Deaths from Ill-defined Conditions, Unknown and Unspecified Causes, Sudden Death and Found Dead.

INFANT DEATHS

Numbers

All causes, by month, 1948-1950.....	17	260
All causes by month, Japanese nationals outside Japan, 1950.....	56	382
All causes by month, non-Japanese nationals in Japan, 1950.....	55	382
All causes by month by prefecture, 1950.....	37	319
All causes by shi and gun, 1950.....	28	287
All causes by shi and gun by month, 1950.....	37	319
All causes by year, 1948-1950.....	3	161
All causes by year by prefecture, 1948-1950.....	18	261
All causes, by year by prefecture, 1950.....	28	287
Ten leading causes of infant deaths, 1948-1950....	20	272
Specific causes, see under name of specific cause		

Rates

All causes, by month, 1948-1950.....	17	260
All causes by month by prefecture, 1950.....	38	322
All causes by shi and gun, 1950.....	29	288
All causes by shi and gun by month, 1950.....	38	322
All causes by year, 1948-1950.....	4	161
All causes by year by prefecture, 1948-1950.....	18	261
All causes, by year by prefecture, 1950.....	29	288
Ten leading causes of infant deaths, 1948-1950....	20	272
Specific causes, see under name of specific cause		

INFECTIOUS DIARRHEA

See Diarrhea, Infectious

INFLUENZA (480-483)

Numbers

Cases by month, 1947-1950.....	15	224
Cases by year 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	255
Cases by year by prefecture, 1950.....	36	316
Deaths by month, 1949-1950.....	9	174
Deaths by year, 1950.....	35	300
Deaths by year by prefecture 1949-1950.....	10	196
Deaths by year by prefecture, 1950.....	36	316
Infant deaths by month, 1948-1950.....	19	267
Infant deaths by shi and gun, 1950.....	39	329
Infant deaths by year by prefecture, 1950.....	39	329

Rates

Case rates by month, 1947-1950.....	15	224
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	255
Case rates by year by prefecture, 1950.....	36	316
Death rates by month, 1949-1950.....	9	174
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	196
Death rates by year by prefecture, 1950.....	36	316
Infant death rates by month, 1948-1950.....	19	267
Infant death rates by shi and gun, 1950.....	39	329
Infant death rates by year by prefecture, 1950....	39	329

INJURY AT BIRTH

See Birth Injuries

IN-PATIENT LOAD, HOSPITALS

See Hospitals

INTRACRANIAL LESIONS OF VASCULAR ORIGIN

See Vascular Lesions Affecting the Central Nervous System

JAPANESE "B" ENCEPHALITIS

See Encephalitis, Japanese "B"

JAPANESE NATIONALS OUTSIDE JAPAN

Numbers

Deaths by month, 1950.....	56	382
Infant deaths by month, 1950.....	56	382
Live births by month, 1950.....	56	382

LEPROSARIA

See Hospitals, Leprosaria

LEPROSY (060)

Numbers

Cases by month, 1947-1950.....	15	218
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	239
Cases by year by prefecture, 1950.....	36	309
Deaths by month, 1949-1950.....	9	170
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	187
Deaths by year by prefecture, 1950.....	36	309
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture, 1950.....	39	334

Rates

Case rates by month, 1947-1950.....	15	218
Case rates by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	239
Case rates by year by prefecture, 1950.....	36	309
Death rates by month, 1949-1950.....	9	170
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	187
Death rates by year by prefecture, 1950.....	36	309
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year by prefecture, 1950.....	39	334

LIVE BIRTHS

See Births, Live

LYMPHOGRANULOMA VENEREUM (037)

Numbers

Cases by month, 1948-1950.....	15	215
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	231
Cases by year by prefecture, 1950.....	36	304

Public Health and Welfare in Japan - 1950

	Table	Page
Rates		
Case rates by month, 1948-1950.....	15	215
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	231
Case rates by year by prefecture, 1950.....	36	304
MALARIA (110-117)		
Numbers		
Cases by month, 1947-1950.....	15	223
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	252
Cases by year by prefecture, 1950.....	36	314
Deaths by month, 1949-1950.....	9	172
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	192
Deaths by year by prefecture, 1950.....	36	314
Infant deaths by month, 1948-1950.....	19	266
Infant deaths by shi and gun, 1950.....	39	328
Infant deaths by year by prefecture, 1950.....	39	328
Rates		
Case rates by month, 1947-1950.....	15	223
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	252
Case rates by year by prefecture, 1950.....	36	314
Death rates by month, 1949-1950.....	9	172
Death rates by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	192
Death rates by year by prefecture, 1950.....	36	314
Infant death rates by month, 1948-1950.....	19	266
Infant death rates by shi and gun, 1950.....	39	328
Infant death rates by year by prefecture, 1950....	39	328
MALFORMATIONS, CONGENITAL		
See Congenital Malformations		
MALIGNANT NEOPLASMS (140-200, 202, 203, 205)		
Numbers		
Deaths by month, 1949-1950.....	9	173
Deaths by year, 1949-1950 (10 leading causes of death) 11		209
Deaths by year by prefecture, 1949-1950.....	10	193
Rank		
Rank order in 10 leading causes of death.....	11	209
Rates		
Death rates by month, 1949-1950.....	9	173
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209
Death rates by year by prefecture, 1950.....	10	193
MARRIAGES		
Numbers		
By month 1948-1950.....	23	276
By month, non-Japanese nationals in Japan, 1950...	55	382
By month by prefecture, 1950.....	42	339
By shi and gun, 1950.....	28	287
By shi and gun by month, 1950.....	42	339
By year, 1948-1950.....	5	161
By year by prefecture, 1948-1950.....	24	277
By year by prefecture, 1950.....	28	287

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Rates		
By month, 1948-1950.....	23	276
By month by prefecture, 1950.....	43	341
By shi and gun, 1950.....	29	288
By shi and gun by month, 1950.....	43	341
By year, 1948-1950.....	4	161
By year, by prefecture, 1948-1950.....	24	277
By year by prefecture, 1950.....	29	288
MATERNAL DEATHS, ALL CAUSES (640-689)		
Numbers		
By month, 1948-1950.....	14	213
By month, 1949-1950.....	9	177
By shi and gun, 1950.....	34	297
By year by prefecture, 1949-1950.....	10	201
By year by prefecture, 1950.....	34	297
Rates per 1,000 live births		
By month, 1948-1950.....	14	213
By shi and gun, 1950.....	34	297
By year by prefecture, 1950.....	34	297
Rates per 100,000 population		
By month, 1949-1950.....	9	177
By year by prefecture, 1949-1950.....	10	201
MATERNAL DEATHS - HEMORRHAGES OF CHILDBIRTH AND THE PUERPERIUM (670-672)		
Numbers		
By shi and gun, 1950.....	34	298
By year by prefecture, 1950.....	34	298
Rates per 1,000 live births		
By shi and gun, 1950.....	34	298
By year by prefecture, 1950.....	34	298
MATERNAL DEATHS - HEMORRHAGES OF PREGNANCY (See Page 432)		
MATERNAL DEATHS - PUERPERAL FEVER		
See Puerperal Infection		
MATERNAL DEATHS - PUERPERAL TOXEMIAS (685-686)		
Numbers		
By shi and gun, 1950.....	34	298
By year by prefecture, 1950.....	34	298
Rates per 1,000 live births		
By shi and gun, 1950.....	34	298
By year by prefecture, 1950.....	34	298
MATERNAL DEATHS - TOXEMIAS OF PREGNANCY (642)		
Numbers		
By shi and gun, 1950.....	34	297
By year by prefecture, 1950.....	34	297
Rates per 1,000 live births		
By shi and gun, 1950.....	34	297
By year by prefecture, 1950.....	34	297
MEASLES (085)		
Numbers		
Cases by month, 1947-1950.....	15	221
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	246
Cases by year by prefecture, 1950.....	36	311

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Deaths by month, 1949-1950.....	9	171
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	190
Deaths by year by prefecture, 1950.....	36	311
Infant deaths by month, 1948-1950.....	19	265
Infant deaths by shi and gun 1950.....	39	328
Infant deaths by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	328
Rates		
Case rates by month, 1947-1950.....	15	221
Case rate by year, 1950.....	35	300
Case rate by year by prefecture, 1948-1950.....	16	246
Case rates by year by prefecture, 1950.....	36	311
Death rates by month, 1949-1950.....	9	171
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	190
Death rates by year by prefecture, 1950.....	36	311
Infant death rates by month, 1948-1950.....	19	265
Infant death rates by shi and gun 1950.....	39	328
Infant death rates by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950....	39	328

MENINGITIS, CEREBROSPINAL (MENINGOCOCCAL)

See Meningococcal Infections

MENINGITIS, EPIDEMIC

See Meningococcal Infections

MENINGITIS, EXCEPT MENINGOCOCCAL AND TUBERCULOUS (340)**Numbers**

Deaths by month, 1949-1950.....	9	174
Deaths by year by prefecture, 1949-1950.....	10	195
Infant deaths by month, 1948-1950.....	19	266
Infant deaths by shi and gun, 1950.....	39	329
Infant deaths by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	329

Rates

Death rates by month, 1949-1950.....	9	174
Death rates by year by prefecture, 1949-1950.....	10	195
Infant death rates by month, 1948-1950.....	19	266
Infant death rates by shi and gun, 1950.....	39	329
Infant death rates by year by prefecture, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1951....	39	328

MENINGITIS, SIMPLE

See Meningitis, Except Meningococcal and Tuberculous

MENINGOCOCCAL INFECTIONS (057)**Numbers**

Cases by month, 1947-1950.....	15	218
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	238
Cases by year by prefecture, 1950.....	36	308
Deaths by month, 1949-1950.....	9	170

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	187
Deaths by year by prefecture, 1950.....	36	308
Infant deaths by month, 1948-1950.....	19	264
Infant deaths by shi and gun, 1950.....	39	327
Infant death by year by prefecture, 1950.....	39	327
Rates		
Case rates by month, 1947-1950.....	15	218
Case rates by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	238
Case rates by year by prefecture, 1950.....	36	308
Death rates by month, 1949-1950.....	9	170
Death rate by year, 1950... ..	35	300
Death rate by year by prefecture, 1949-1950.....	10	187
Death rate by year by prefecture, 1948-1950.....	36	308
Infant death rates by month, 1948-1950.....	19	264
Infant death rates by shi and gun, 1950.....	39	327
Infant death rates by year by prefecture, 1950.....	39	327

MENTAL HOSPITALS

See Hospitals, Mental

NEONATAL PNEUMONIA

See Pneumonia, Including Pneumonia of the Newborn

NEOPLASMS, MALIGNANT

See Malignant Neoplasms

NEPHRITIS AND NEPHROSIS (590-594, 446, 789.0, 789.1, 792)

Numbers

Deaths by month, 1949-1950.....	9	177
Deaths by year, 1949-1950 (10 leading causes of death).....	11	209
Deaths by year by prefecture, 1949-1950.....	10	201

Rank

Rank order in 10 leading causes of death.....	11	209
---	----	-----

Rates

Death rates by month, 1949-1950.....	9	177
Death rates by year by prefecture, 1949-1950.....	10	201
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209

NON-JAPANESE NATIONALS IN JAPAN

Numbers

Deaths by month, 1950.....	55	382
Divorces by month, 1950.....	55	382
Infant deaths by month, 1950.....	55	382
Live births by month, 1950.....	55	382
Marriages by month, 1950.....	55	382
Stillbirths by month, 1950.....	55	382

NUTRITION

Consumption in grams per capita per day each quarterly nutrition survey: All Japan, Tokyo, other large cities, and rural areas, 1950.....	49	360
---	----	-----

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
Consumption of total and rationed foods in calories per capita per day, each quarterly nutrition survey: All Japan, Tokyo, other large cities, and rural areas, 1950.....	47	353
Number of persons and percent of total surveyed showing deficiency symptoms according to nutrition surveys: All Japan, Tokyo, other large cities, and rural areas, 1950.....	50	365
Nutrients per capita per day, each quarterly nutrition survey: All Japan, Tokyo, other large cities and rural areas, 1950.....	48	357

See also Height; Weight

OTHER DISEASES PECULIAR TO FIRST YEAR OF LIFE

See Diseases, Other, Peculiar to Early Infancy

OUT PATIENT LOAD, HOSPITALS

See Hospitals

PARATYPHOID FEVER (041)

Numbers

Cases by month, 1947-1950.....	15	216
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	233
Cases by year by prefecture, 1950.....	36	305
Deaths by month, 1949-1950.....	9	169
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	183
Deaths by year by prefecture, 1950.....	36	305
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture.....	39	334

Rates

Case rates by month, 1947-1950.....	15	216
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	233
Case rates by year by prefecture, 1950.....	36	305
Death rates by month, 1949-1950.....	9	169
Death rates by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	183
Death rates by year by prefecture, 1950.....	36	305
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year by prefecture, 1948-1950.....	39	334

PATIENT LOAD, HOSPITALS

See Hospitals

PLAGUE (058)

Numbers

Cases by month, 1947-1950.....	15	226
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	259
Cases by year by prefecture, 1950.....	36	318
Deaths by month, 1949-1950.....	9	180

Public Health and Welfare in Japan - 1950

	Table	Page
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	208
Deaths by year by prefecture, 1950.....	36	318
Rates		
Case rates by month, 1947-1950.....	15	226
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	259
Case rates by year by prefecture, 1950.....	36	318
Death rates by month, 1949-1950.....	9	180
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	208
Death rates by year by prefecture, 1950.....	36	318

PLEURISY

See Empyema and Pleurisy

PNEUMONIA INCLUDING PNEUMONIA OF THE NEWBORN (490-493, 763)

Numbers

Cases by month, 1947-1950.....	15	224
Cases by year, 1950.....	35	300
Cases by year, by prefecture, 1948-1950.....	16	256
Cases by year by prefecture, 1950.....	36	316
Deaths by month, 1949-1950.....	9	175
Deaths by year, 1950.....	35	300
Deaths by year, 1949-1950 (10 leading causes of death).....	11	209
Deaths by year by prefecture, 1949-1950.....	10	197
Deaths by year by prefecture, 1950.....	36	316
Infant deaths by month, 1948-1950.....	19	267
Infant deaths by shi and gun, 1950.....	39	329
Infant deaths by year, 1948-1950 (10 leading causes of death).....	20	272
Infant deaths by year by prefecture, 1950.....	39	329

Rank

Rank order in 10 leading causes of death, 1949-1950	11	209
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Rates

Case rates by month, 1947-1950.....	15	224
Case rates by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	256
Case rates by year by prefecture, 1950.....	36	316
Death rates by month, 1949-1950.....	9	175
Death rate by year, 1950.....	35	300
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209
Death rates by year by prefecture, 1949-1950.....	10	197
Death rates by year by prefecture, 1950.....	36	316
Infant death rates by month, 1948-1950.....	19	267
Infant death rates by shi and gun, 1950.....	39	329
Infant death rates by year 1948-1950 (10 leading causes of infant deaths).....	20	272

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
PNEUMONIA INCLUDING PNEUMONIA OF THE NEWBORN (490-493, 763)		
Rates (Continued)		
Infant death rates by year by prefecture.....	39	329
POLIOMYELITIS, ACUTE (080-081)		
Numbers		
Cases by month, 1947-1950.....	15	220
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	243
Cases by year by prefecture, 1950.....	36	310
Deaths by month, 1940-1950.....	9	171
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	188
Deaths by year by prefecture, 1950.....	36	310
Rates		
Case rates by month, 1947-1950.....	15	220
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1949-1950.....	16	243
Case rates by year by prefecture, 1950.....	36	310
Death rates by month, 1949-1950.....	9	171
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	188
Death rates by year by prefecture, 1950.....	36	310
POPULATION		
By year by age, 1949-1950.....	2	160
By year by prefecture, 1949-1950.....	1	159
By year, 1948-1950.....	3	161
PREGNANCY, DISEASES OF		
See Maternal Deaths - All Causes		
PREGNANCY, HEMORRHAGES OF		
See Maternal Deaths - Hemorrhages of Pregnancy (Page 432)		
PREGNANCY, TOXEMIAS OF		
See Maternal Deaths - Toxemias of Pregnancy		
PREMATURE BIRTH		
See Birth, Premature		
PUERPERAL FEVER		
See Puerperal Infection		
PUERPERAL INFECTION (645.1, 651, 680-684)		
Numbers		
Cases by month, 1947-1950.....	15	225
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	258
Cases by year by prefecture, 1950.....	36	317
Deaths by shi and gun, 1950.....	34	297

Public Health and Welfare in Japan - 1950

	Table	Page
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1950.....	34	297
Deaths by year by prefecture, 1950.....	36	317
Rates per 1,000 live births		
Death rates by shi and gun, 1950.....	34	297
Death rates by year by prefecture, 1950.....	34	297
Rates per 100,000 population		
Case rates by month, 1947-1950.....	15	225
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	258
Case rates by year by prefecture, 1950.....	36	317
Death rate by year, 1950.....	35	300
Death rates by year by prefecture 1950.....	36	317

PUERPERAL TOXEMIAS

See Maternal Deaths - Puerperal Toxemias

RABIES (094)

Numbers

Cases by month, 1947-1950.....	15	222
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	248
Cases by year by prefecture, 1950.....	36	312
Deaths by month, 1949-1950.....	9	172
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	190
Deaths by year by prefecture, 1950.....	36	312
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture, 1950.....	39	334

Rates

Case rates by month, 1947-1950.....	15	222
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	248
Case rates by year by prefecture, 1950.....	36	312
Death rates by month, 1949-1950.....	9	172
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	190
Death rates by year by prefecture, 1950.....	36	312
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year by prefecture, 1950.....	39	334

SANATORIA

See Hospitals

SCARLET FEVER (050)

Numbers

Cases by month, 1947-1950.....	15	217
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	235
Cases by year by prefecture, 1950.....	36	307
Deaths by month, 1949-1950.....	9	169
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	185
Deaths by year by prefecture, 1950.....	36	307
Infant deaths by month, 1948-1950.....	19	263
Infant deaths by shi and gun, 1950.....	39	325

Public Health and Welfare in Japan - 1950

	<u>Table</u>	<u>Page</u>
SCARLET FEVER (050) - (Continued)		
Infant deaths by year by prefecture, 1950.....	39	325
Rates		
Case rates by month, 1947-1950.....	15	217
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	235
Case rates by year by prefecture, 1950.....	36	307
Death rates by month, 1949-1950.....	9	169
Death rates by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	185
Death rates by year by prefecture, 1950.....	36	307
Infant death rates by month, 1948-1950.....	19	263
Infant death rates by shi and gun, 1950.....	39	325
Infant death rates by year by prefecture, 1950.....	39	325
SCHISTOSOMIASIS (123.2)		
Numbers		
Cases by month, 1950.....	15	223
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1950.....	16	253
Cases by year by prefecture, 1950.....	36	315
Deaths by month, 1950.....	9	172
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	192
Deaths by year by prefecture, 1950.....	36	315
Rates		
Case rates by month, 1950.....	15	223
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1950.....	16	253
Case rates by year by prefecture, 1950.....	36	315
Death rates by month, 1950.....	9	172
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	192
Death rates by year by prefecture, 1950.....	36	315
SENILITY AND SENILE PSYCHOSIS (794, 304)		
Numbers		
Deaths by month, 1949-1950.....	9	178
Deaths by year, 1949-1950 (10 leading causes of death).....	11	209
Deaths by year by prefecture, 1949-1950.....	10	204
Rank		
Rank order in 10 leading causes of death, 1949-1950.	11	209
Rates		
Death rates by month, 1949-1950.....	9	178
Death rates by year, 1949-1950 (10 leading causes of death).....	11	209
Death rates by year by prefecture, 1949-1950.....	10	204
SEPTICEMIA AND PYEMIA, NON-PUERPERAL (053)		
Numbers		
Infant deaths by month, 1948-1950.....	19	263
Infant deaths by shi and gun, 1950.....	39	326
Infant deaths by year and prefecture, 1950.....	39	326
Rates		
Infant death rates by month, 1948-1950.....	19	263
Infant death rates by shi and gun, 1950.....	39	326
Infant death rates by year by prefecture, 1950.....	39	326

SIMPLE MENINGITIS

See Meningitis, Except Meningococcal and Tuberculous

SMALL POX (084)

Numbers

Cases by month, 1947-1950.....	15	220
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	245
Cases by year by prefecture, 1950.....	36	311
Deaths by month, 1949-1950.....	9	171
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	189
Deaths by year by prefecture, 1950.....	36	311

Rates

Case rates by month, 1947-1950.....	15	220
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	245
Case rates by year by prefecture, 1950.....	36	311
Death rates by month, 1949-1950.....	9	171
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	189
Death rates by year by prefecture, 1950.....	36	311

STILLBIRTHS

Numbers

By month, 1948-1950.....	21	274
By month, non-Japanese nationals in Japan, 1950...	55	382
By month by prefecture, 1950.....	40	335
By shi and gun, 1950.....	28	287
By shi and gun by month, 1950.....	40	335
By year, 1948-1950.....	3	161
By year by prefecture, 1948-1950.....	22	275
By year by prefecture, 1950.....	28	287

Rates

By month, 1948-1950.....	21	274
By month by prefecture, 1950.....	41	337
By shi and gun, 1950.....	29	288
By shi and gun by month, 1950.....	41	337
By year, 1948-1950.....	4	161
By year by prefecture, 1948-1950.....	22	275
By year by prefecture, 1950.....	29	288

SUDDEN DEATH

See Deaths from Ill-Defined Conditions, Unknown and Unspecified Causes, Sudden Death and Found Dead

SUICIDE AND SELF-INFLICTED INJURY (E963, E907-E979)

Numbers

Deaths by month, 1949-1950.....	9	179
Deaths by year by prefecture, 1949-1950.....	10	205

Rates

Deaths by month, 1949-1950.....	9	179
Deaths by year by prefecture, 1949-1950.....	10	205

SYPHILIS AND ITS SEQUELAE (020-029)

Numbers

Cases by month, 1947-1950.....	15	214
Cases by year, 1950.....	35	300

Public Health and Welfare in Japan - 1950

	Table	Page
Cases by year by prefecture, 1948-1950.....	16	228
Cases by year by prefecture, 1950.....	36	302
Deaths by month, 1949-1950.....	9	168
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	182
Deaths by year by prefecture, 1950.....	36	302
Infant deaths by month, 1948-1950.....	19	262
Infant deaths by shi and gun, 1950.....	39	324
Infant deaths by year by prefecture, 1950.....	39	324
Rates		
Case rates by month, 1947-1950.....	15	214
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	228
Case rates by year by prefecture, 1950.....	36	302
Death rates by month, 1949-1950.....	9	168
Death rates by year, 1950.....	35	300
Death rates by year, by prefecture, 1949-1950.....	10	182
Death rates by year by prefecture, 1950.....	36	302
Infant death rates by month, 1948-1950,,,,,,	19	262
Infant death rates by shi and gun, 1950.....	39	324
Infant death rates by year by prefecture, 1950.....	39	324
TEN LEADING CAUSES OF DEATH		
Numbers		
By year, 1949-1950.....	11	209
Rank		
Rank order of 10 leading causes of death, 1949-1950	11	209
Rates		
By year, 1949-1950.....	11	209
TEN LEADING CAUSES OF INFANT DEATHS		
Numbers		
By year, 1948-1950,,,,	20	272
Rates		
By year, 1948-1950.....	20	272
TETANUS (061)		
Numbers		
Cases by month, 1947-1950.....	15	219
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	240
Cases by year by prefecture, 1950.....	36	309
Deaths by month, 1949-1950.....	9	170
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	188
Deaths by year by prefecture, 1950.....	36	309
Infant deaths by month, 1948-1950.....	19	265
Infant deaths by shi and gun, 1950.....	39	327
Infant deaths by year by prefecture, 1950.....	39	327
Rates		
Case rates by month, 1947-1950.....	15	219
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	240
Case rates by year by prefecture, 1950.....	36	309
Death rates by month, 1949-1950.....	9	170
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950,,,,	10	188

Public Health and Welfare in Japan - 1950

	Table	Page
Death rates by year by prefecture, 1950.....	36	309
Infant death rates by month, 1948-1950.....	19	265
Infant deaths by shi and gun, 1950.....	39	327
Infant death rates by year by prefecture, 1950..	39	327

TETANY

See Convulsions and Tetany

TOXEMIAS OF PREGNANCY

See Maternal Deaths - Toxemias of Pregnancy

TRACHOMA (095)

Numbers

Cases by month, 1947-1950.....	15	222
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	249
Cases by year by prefecture, 1950.....	36	313

Rates

Case rates by month, 1947-1950.....	15	222
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950....	16	249
Case rates by year by prefecture, 1950.....	36	313

TUBERCULOSIS, ALL FORMS (001-019)

Numbers

Cases by month, 1947-1950.....	15	214
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	227
Cases by year by prefecture, 1950.....	36	301
Leaths by age, 1949-1950.....	13	212
Deaths by month, 1949-1950.....	9	168
Deaths by year, 1950.....	35	300
Deaths by year (10 leading causes of death)....	11	209
Deaths by year by prefecture, 1949-1950.....	10	181
Deaths by year by prefecture, 1950.....	36	301
Infant deaths by month, 1948-1950.....	19	262
Infant deaths by shi and gun, 1950.....	39	324
Infant deaths by year by prefecture, 1950.....	39	324

Rank

Rank order in 10 leading causes of death, 1949-1950	11	209
---	----	-----

Rates

Case rates by month, 1947-1950.....	15	214
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950....	16	227
Case rates by year by prefecture, 1950.....	36	301
Feath rates by age, 1949-1950.....	13	212
Death rates by month, 1949-1950.....	9	168
Death rate by year, 1950.....	35	300
Death rate by year, 1949-1950(10 leading causes of death).....	11	209
Death rates by year by prefecture, 1949-1950....	10	181
Death rates by year by prefecture, 1950.....	36	301
Infant death rates by month, 1948-1950.....	19	262
Infant death rates by shi and gun, 1950.....	39	324
Infant death rates by year by prefecture, 1950..	39	324

Public Health and Welfare in Japan - 1950

Table Page

TUBERCULOSIS OF THE RESPIRATORY SYSTEM (001-008)

Numbers

Cases by year by prefecture, 1950.....	36	301
Deaths by year by prefecture, 1949-1950.....	10	182
Deaths by year by prefecture, 1950.....	36	301

Rates

Case rates by year by prefecture, 1950.....	36	301
Death rates by year by prefecture, 1949-1950.....	10	182
Death rates by year by prefecture, 1950.....	36	301

TUBERCULOSIS SANATORIA

See Hospitals, Tuberculosis

TSUTSUGAMUSHI (105)

Numbers

Cases by month, 1950.....	15	223
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1950.....	16	251
Cases by year by prefecture, 1950.....	36	314
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	191
Deaths by year by prefecture, 1950.....	36	314

Rates

Case rates by month, 1950.....	15	223
Case rates by year, 1950.....	35	300
Case rates by year by prefecture, 1950.....	16	251
Case rates by year by prefecture, 1950.....	36	314
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	191
Death rates by year by prefecture, 1950.....	36	314

TYPHOID FEVER (040)

Numbers

Cases by month, 1947-1950.....	15	215
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1949-1950.....	16	232
Cases by year by prefecture, 1950.....	36	304
Deaths by month, 1949-1950.....	9	168
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	183
Deaths by year by prefecture, 1950.....	36	304
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture, 1950.....	39	334

Rates

Case rates by month, 1947-1950.....	15	215
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	232
Case rates by year by prefecture, 1950.....	36	304
Death rates by month, 1949-1950.....	9	160
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	183
Death rates by year by prefecture, 1950.....	36	304
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year, by prefecture, 1950....	39	334

TYPHUS AND OTHER RICKETTSIAL DISEASES (100-108)

Numbers

Cases by month, 1947-1950.....	15	222
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	250
Cases by year by prefecture, 1950.....	36	313
Deaths by month, 1949-1950.....	9	172
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	191
Deaths by year by prefecture, 1950.....	36	313
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year by prefecture, 1950.....	39	334

Rates

Case rates by month, 1947-1950.....	15	222
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	250
Case rates by year by prefecture, 1950.....	36	313
Death rates by month, 1949-1950.....	9	172
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	191
Death rates by year by prefecture, 1950.....	36	313
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year by prefecture, 1950.....	39	334

ULCER OF STOMACH AND DUODENUM (540-542)

Numbers

Deaths by month, 1949-1950.....	9	175
Deaths by year by prefecture, 1949-1950.....	10	198

Rates

Death rates by month, 1949-1950.....	9	175
Death rates by year by prefecture, 1949-1950.....	10	198

ULCERATION OF INTESTINES

See Enteritis and Colitis, Ulceration of the Intestines, and Diarrhea

UNSPECIFIED CAUSES OF DEATH

See Deaths from Ill-defined Conditions, Unknown and Unspecified Causes, Sudden Death and Found Dead

VASCULAR LESIONS AFFECTING THE CENTRAL NERVOUS SYSTEM (330-334, 352a)

Numbers

Deaths by month, 1949-1950.....	9	174
Deaths by year, 1949-1950 (10 leading causes of death).....	11	209
Deaths by year by prefecture, 1949-1950.....	10	195

Rank

Rank order in 10 leading causes of death, 1949-1950..	11	209
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Rates

Death rates by month, 1949-1950.....	9	174
Death rates by year, 1949-1950 (10 leading causes)....	11	209
Death rates by year by prefecture, 1949-1950.....	10	195

VENEREAL DISEASES

See - Chancroid, Gonorrhea, Lymphogranuloma Venereum, Syphilis

Public Health and Welfare in Japan - 1950

	Table	Page
WEIGHT		
Average weight by age, 1950.....	51	368
Average weight deviation in Kilograms from standard weight by age, 1950.....	54	379
Number of persons found underweight and overweight, 1950.....	52	369
Percent of persons found underweight and overweight, 1950	53	374
WHOOPING COUGH (056)		
Numbers		
Cases by month 1947-1950.....	15	217
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	237
Cases by year by prefecture, 1950.....	36	308
Deaths by month, 1949-1950.....	9	169
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	186
Deaths by year by prefecture, 1950.....	36	308
Infant deaths by month, 1948-1950.....	19	264
Infant deaths by shi and gun, 1950.....	39	326
Infant deaths by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant deaths by year by prefecture, 1950.....	39	326
Rates		
Case rates by month, 1947-1950.....	15	217
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	237
Case rates by year by prefecture, 1950.....	36	308
Death rates by month, 1949-1950.....	9	169
Death rates by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	186
Death rates by year by prefecture, 1950.....	36	308
Infant death rates by month, 1948-1950.....	19	264
Infant death rates by shi and gun, 1950.....	39	326
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950.....	39	326
YELLOW FEVER (091)		
Numbers		
Cases by month, 1947-1950.....	15	221
Cases by year, 1950.....	35	300
Cases by year by prefecture, 1948-1950.....	16	259
Cases by year by prefecture, 1950.....	36	318
Deaths by month, 1949-1950.....	9	180
Deaths by year, 1950.....	35	300
Deaths by year by prefecture, 1949-1950.....	10	208
Deaths by year by prefecture, 1950.....	36	318
Infant deaths by month, 1948-1950.....	19	271
Infant deaths by shi and gun, 1950.....	39	334
Infant deaths by year, 1948-1950 (10 leading causes of infant death)	20	272
Infant deaths by year by prefecture, 1950.....	39	334
Rates		
Case rates by month, 1947-1950.....	15	221
Case rate by year, 1950.....	35	300
Case rates by year by prefecture, 1948-1950.....	16	259

Public Health and Welfare in Japan - 1950

	Table	Page
Case rates by year by prefecture, 1950.....	36	318
Death rates by month, 1949-1950.....	9	180
Death rate by year, 1950.....	35	300
Death rates by year by prefecture, 1949-1950.....	10	208
Death rates by year by prefecture, 1950.....	36	318
Infant death rates by month, 1948-1950.....	19	271
Infant death rates by shi and gun, 1950.....	39	334
Infant death rates by year, 1948-1950 (10 leading causes of infant deaths).....	20	272
Infant death rates by year by prefecture, 1950.....	39	334

MATERNAL DEATHS, HEMORRHAGES OF PREGNANCY (643-644)

Numbers

Cases by shi and gun, 1950.....	34	297
Cases by year by prefecture, 1950.....	34	297

Rates (per 1,000 live births)

Case rates by shi and gun, 1950.....	34	297
Case rates by year by prefecture, 1950.....	34	297

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